



Athlete Information

(ONE form per ATHLETE)

Athlete Information:

Name: _____ Date of Birth: ____/____/____
Athlete's Age: _____ School Athlete Attends: _____
Primary Address: _____ City: _____ Zip: _____
Primary Phone: _____ Athlete's Cell: _____ N/A

Parent/Guardian Information:

Parent #1: _____ Primary Phone: _____
Address: _____ City: _____ Zip: _____
Cell: _____ Work: _____
Email: _____

Complete "Parent #2" info ONLY if parents maintain separate households.

Parent #2: _____ Primary Phone: _____
Address: _____ City: _____ Zip: _____
Cell: _____ Work: _____
Email: _____

Signatures: *I/we agree to allow our athlete(s) to participate in the program as spelled out in the information given.*

Parent #1: _____ Date: ____/____/____

Second signature only necessary if parents maintain separate households.

Parent #2: _____ Date: ____/____/____



Signed/Completed Waiver REQUIRED for Participation

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

Participation: In consideration of participation in programming at Storm Elite All Stars, Inc., I represent that I understand the nature of the program and that my athlete is qualified, in good health, and in proper physical condition to participate in program. I acknowledge that if event conditions are unsafe, I will immediately discontinue athlete participation. I fully understand that the programs, the conditions in which the programs take place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseen at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of athlete participation in the program. Further, I acknowledge that both participants and parents have read and fully understand the concussion-related documents (provided upon request).

Release: I hereby release, discharge, and covenant not to sue Storm Elite All Stars, Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises on which the program takes place (each considered one of the “RELEASEES” herein), from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such a claim.

Agreement: I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Parental Consent: I, representing that I am the parent and/or legal guardian of the minor listed below, understand the nature of the program and the minor’s experience and capabilities and believe the minor to be qualified to participate in such programming. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor, or anyone on the minor’s behalf make a claim against any of the above Releasees, I WILL INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost any Releasee may incur as the result of any such claim.

Additionally, I understand and agree to the following – **RULES** – I will read the posted rules and understand that **ADULTS ARE NOT ALLOWED ON EQUIPMENT** and that minor participants are only allowed on equipment when qualified staff are present. **APPROPRIATE BEHAVIOR** – I will behave in a manner that is respectful of facilities, staff, and participants of all ages, and understand that displays of anger, excessive frustration or emotional outbursts, inappropriate language or physical conduct, threatening or abusive behavior is not allowed. In the event of this behavior, I agree to promptly leave the premises or pick up my child, if requested, without expectation of any refund. **PARENT/ADULT RESPONSIBILITY TO SUPERVISE** – When I visit Storm Elite All Stars, Inc., or for any program involving parental presence or participation, I understand and accept the responsibility and all associated liability of constant supervising, controlling, and restricting activities as necessary to assure safety of all children I bring and myself. I understand Storm Elite All Stars, Inc. has a tremendous variety of surfaces, mats, and specialized equipment, and accept the heightened risk of injury. I will not use or allow use of any equipment and will remain in the designated “Viewing Room” as MANDATED by the owners of Storm Elite All Stars, Inc. unless requested to do otherwise. **PROMPT PICK-UP** – I agree to promptly pick up my child after any activity. I authorize and desire that Storm Elite All Stars, Inc. contact appropriate government authorities if my child is left longer than 30 minutes. **INSURANCE** – I understand that injuries do occur, and that Storm Elite All Stars, Inc. does not carry medical insurance for participants. **MEDICAL CARE** – I authorize and desire medical transport of my child. **PHOTOGRAPHS AND STATEMENTS** – I authorize use of my own and my child’s visual image and statements in advertising and promotional media in both print and digital form. **VALID DATES** – These agreements, waivers, and authorizations will remain valid and in force as long as and whenever my child, myself, or any family member participates in any activity at or with Storm Elite All Stars, Inc. **AGREEMENT TO PAY** – There are no refunds after the 1st day of the starting month, and no credits or guaranteed make-ups for missed or cancelled activities due to inclement weather. Returned payments will result in a \$25 fee; declined card is \$30 fee. Continuous enrollment is assumed, and I agree to give notice by the 10th to withdraw at the month’s end or pay the following month’s tuition and understand that “breach of contract” fee is \$250 for termination after choreography. I will pay all costs of collection and for any and all damage to facility and equipment caused by myself or a family member.

Athlete:	Sex:	Age:	Date of Birth:	Allergies, Medical, or other Concerns:	
Address:			City:	Zip:	
Phone:	Email:		Insurance Carrier:	Hospital Preference:	
Alternative Emergency Contact:		Primary Phone:	Cell Phone:	Relationship:	
I sign below as an Adult Participant and as Parent/Legal Guardian for the above-named Minor Participant					
Printed Name:	Signature:		Date:	Cell:	
Printed Name:	Signature:		Date:	Cell:	