

# CONSENT & RELEASE

I certify that I am the parent/guardian of \_\_\_\_\_ . As such I give my child permission to participate in The Graffiti Cheer & Dance Competition. (“the event”).

I understand that cheerleading/dance is a physical sport requiring substantial exertion and endurance, and that it is my responsibility, in consultation with my child’s physician, to ascertain that my child is fit to participate in this type of activity. Therefore, I agree that I will not permit my child to participate in the event if (s)he is not fit to participate. By signing this document, I certify that there is no medical reason that would prohibit or make it inadvisable for my child to participate in the event, and I nevertheless affirm that I am willing to assume the risk of any medical or physical condition my child may have.

Further, I am aware of, and will require my child to follow, the safety rules and guidelines of the American Association of Cheerleading Coaches and Administrators (“AACCA”). I acknowledge that I have reviewed and understand these guidelines and rules (which are posted on the AACCA website at [www.aacca.org](http://www.aacca.org).)

I understand that in cheerleading, as in any youth sport, there is risk of physical injury and that participation in the event presents other known and unknown risks which could result in injury (physical or emotional), death or damage to my child, to property, or to third parties. I accept and assume these risks on mine and my child’s behalf and agree to bear all costs of any injury or damage that may occur to anyone if connected in any way to my child’s participation in the event. Also, by signing this document, I agree to release, indemnify and hold harmless Flips Gymnastics & Sport and all affiliates, Graffiti Invitational, its officers, directors, board members, employees, agents, volunteers and all persons or entities acting on their behalf from all liability for damages, loss or injury to my child’s person or property, and to the person or property of others, which may be sustained which are in any way related to my child’s participation in the event.

In the event that I am not present, I hereby give my permission for my child’s cheerleading/dance coach or the adult in charge of the event to secure emergency medical services in the event my child is injured. I also grant permission to a licensed emergency medical technician and/or hospital staff member to administer immediate treatment to my child should he/she be injured. Further, I understand that I am responsible for payment of all expenses incurred relating to my child’s medical treatment. I also agree to indemnify and hold harmless Flips Gymnastics & Sport & the Graffiti Invitational, against any and all claims of any nature whatsoever arising from the securing and/or administering of such emergency medical services.

I hereby grant Flips Gymnastics & Sport & the Graffiti Invitational permission to use my child’s name and likeness in all forms and media for announcements, promotions, advertising, trade, and any other lawful purposes.

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Child’s Name:** \_\_\_\_\_

**Team Name:** \_\_\_\_\_

**Coach Name:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

**Allergies and/or Chronic Illness:** \_\_\_\_\_

**Graffiti Invitational**  
**6017 S. Transit Road**  
**Lockport, NY 14094**

