

# Agreement to Participate and Parental Consent Form

Student Athlete      **COMPETITIVE CHEERLEADING / PARKOUR**

I am aware that playing or practicing any sport can be a dangerous activity involving MANY RISKS OR INJURY. I understand that the dangers and risk of playing or practicing in the above sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of my body, general health, and well being.

Because of the dangers of participating in the above sport, I recognize the importance of following the coach's instructions regarding playing techniques, training, rules of the sport, other team rules, and to obey such instructions.

In consideration of Florida Triple Threat, LLC permitting me to practice, play or try out for Florida Triple Threat, LLC competitive cheerleading team, and to engage in all activities related to the team, including practicing, playing and travel, I hereby voluntarily assume all risks associated with participation and agree to exonerate and save harmless Florida Triple Threat, LLC, (institution, their agents, servants, and employees, athletic staff of institution), the physicians and other practitioners of the healing arts treating me, from any and all kind of liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to Florida Triple Threat, LLC (institution) competitive cheerleading.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

I hereby agree to submit any disputes that may arise between myself and Florida Triple Threat, LLC (institution, its agents, servants, and employees, athletic staff of Florida Triple Threat, LLC), the physicians and other practitioners of the healing arts treating me and their agents, trustees, servants, and employees, in connection with my activities Florida Triple Threat, LLC (institution), to binding arbitration before three arbitrators, in accordance with the Rules of the American Arbitration Association.

(For contact or collision sports)

I specifically acknowledge that competitive cheerleading is a VIOLENT CONTACT sport, **involving even a greater risk of injury than other sports.**

|                        |                       |
|------------------------|-----------------------|
| _____                  | _____                 |
| Student Signature      | Parent Signature      |
| _____                  | _____                 |
| Student's Name (Print) | Parent's Name (Print) |
| _____                  | _____                 |
| Date                   | Date                  |

# FLORIDA TRIPLE THREAT ALL-STARS

## AUTHORIZATION AND RELEASE FORM

2017-2018

(PLEASE PRINT CLEARLY)

ATHLETE NAME: \_\_\_\_\_ BIRTHDATE(MM/DD/YY) \_\_\_/\_\_\_/\_\_\_

STREET ADDRESS: \_\_\_\_\_ AGE AS OF AUG.31,2017 \_\_\_\_\_

CITY,STATE,ZIP: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

MAIN PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MAIN EMAIL: \_\_\_\_\_ ATHLETE EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

PLEASE LIST ALL KNOWN ALLERGIES(MEDICINE,FOOD) \_\_\_\_\_

ANY LIMITATIONS OR DISABILITIES THAT MAY AFFECT THE ATHLETE'S PERFORMANCE: \_\_\_\_\_

### AUTHORIZATION, RELEASE AND OTHER BORING LEGAL STUFF:

I AUTHORIZE FLORIDA TRIPLE THREAT ALL-STARS, LLC. AND ITS REPRESENTATIVES TO CONSENT TO MEDICAL TREATMENT FOR MY CHILD WHEN I CANNOT BE REACHED TO SO CONSENT. I ALSO GIVE FLORIDA TRIPLE THREAT ALL-STARS,LLC AND ITS REPRESENTATIVES CONSENT TO ADMINISTER THE NECESSARY EMERGENCY CARE TO STABILIZE AND/OR IMPROVE THE CURRENT INJURY OR CONDITION THAT MY CHILD MAY HAVE SUSTAINED DURING ACTIVITIES RELATED TO FLORIDA TRIPLE THREAT ALL-STARS,LLC INSTRUCTION, PRACTICES, OR PERFORMANCES. NO PRIOR DETERMINATION OF LIFE THREATENING EMERGENCY OR DANGER OF SERIOUS PERMANENT INJURY RESULTING FROM TREATMENT NEED BE MADE UNDER THIS AUTHORIZATION.

I AM FULLY AWARE THAT ANY ACTIVITY INVOLVING MOTION, HEIGHT, OR ATHLETIC ACTIVITIES CREATES THE POSSIBILITY OF SERIOUS INJURY, AND I FURTHER AGREE TO HOLD FLORIDA TRIPLE THREAT ALL-STARS,LLC AND ITS STAFF, OFFICERS, OR REPRESENTATIVES HARMLESS FOR ANY INJURY OR RESULTING EXPENSE(S). I RELEASE AND DISCHARGE ALL RIGHTS AND CLAIMS AGAINST FLORIDA TRIPLE THREAT ALL-STARS,LLC. AND ITS PARTIES. FLORIDA TRIPLE THREAT ALL-STARS,LLC. STRIVES TO PROVIDE A MAXIMUM IN SAFETY PROCEDURES AND GUIDELINES, AND CANNOT ASSUME RESPONSIBILITY FOR ANY ACCIDENTS, INJURY, OR ILLNESS THAT MAY OCCUR. FLORIDA TRIPLE THREAT ALL-STARS, LLC. HIGHLY RECOMMENDS THAT ALL ATHLETES HAVE THEIR OWN HEALTH INSURANCE COVERAGE TO HELP COVER THE COST OF ANY INJURY/ILLNESS.

I AUTHORIZE FLORIDA TRIPLE THREAT ALL-STARS,LLC. TO USE PHOTOGRAPHS, VIDEO, AND OR OTHER LIKENESSES OF MY CHILD FOR USE IN PROMOTIONAL MATERIALS OR SALES AND WAIVE ANY RIGHTS OF COMPENSATION OR OWNERSHIP THERETO.

I HAVE READ, UNDERSTAND, AND AGREE TO THE FLORIDA TRIPLE THREAT ALL-STARS,LLC. FINANCIAL POLICIES( COPIES AVAILABLE AT FRONT DESK). I BELIEVE ALL THE INFORMATION ABOVE TO BE COMPLETE AND CORRECT.

PARENT/GUARDIAN

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_