

WELLINGTON CHEER AND DANCE, INC.
PARTICIPANT INFORMATION AND RELEASE

Name of Child: _____

Birth date: _____ Age: _____ E-mail: _____

Parent or Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Insurance Carrier: _____ Policy#: _____

Any Medications Allergic To: _____

I, the undersigned Parent/Guardian do hereby give consent for my son/daughter to participate in the training and activities provided by Wellington Cheer and Dance. I am fully aware of the nature of the activities involved and the possibility of the injuries and/or death, which may arise from such activities. In case of illness, injury and/or death that may arise directly or indirectly as a result of participation and/or travel to or from the activity or training (i.e. clinic/camp/out of town activities, or events), I do hereby grant my permission to Wellington Cheer and Dance to seek immediate treatment for my child should he/she be injured.

I hereby release Wellington Cheer and Dance, including its officers, shareholders, agents, coaches, and employees from any liability to the above named participant, or any person claiming through him/her, arising from injury to the person or property of the above-named participant. This release includes any claims of negligence, and is intended to be as broad as permissible under Florida Law.

In the event of any activities that are locally or nationally televised, I give Wellington Cheer and Dance the right and permission to film, photograph, or videotape my son/daughter for any reproductions associated or in any way connected with said televised events, in particular, for use in any promotional purpose.

_____ Parent/Guardian Signature and Date

_____ Participant Signature and Date

In consideration for _____'s

(Name of Participant)

participation in the training and activities provided by Wellington Cheer and Dance, Inc. including cheerleading and dance, I am fully aware that any activity involving motion, height, or athletic activity creates the possibility of serious injury. I hereby release Wellington Cheer and Dance, Inc. including its officers, shareholders, agents, and employees, from any liability to the above named participant, of the person claiming through him/her, arising, from injury to the person or property of the above named participant occurring on the premises of Wellington Cheer and Dance, Inc., including any event sponsored or sanctioned by Wellington Cheer and Dance, Inc., and or travel to and from such activities. This release includes but is not limited to any claims of negligence, dangerous condition, latent defect, premises liability, code violation, negligent security, failure to warn, vicarious liability, negligent hiring, negligent supervision, negligent maintenance, or improper/dangerous equipment; it is intended to be as broad as permissible under Florida Law. I am fully aware of the nature of the activities provided and the possibility of injuries arising from such activities. I further agree to hold harmless, indemnity and defend Wellington Cheer and Dance, Inc., including its officers, shareholders, agents, employees from any loss, liability, damage or cost incurred by them due to the above named participant on the premises or during any event sponsored or sanctioned by Wellington Cheer and Dance, Inc. This release is intended to be binding upon the participant his/her heirs, assignees, and successor in interest, and anyone claiming by or through him/her. In addition, I have read and understood the registration form and agree to all the terms as stated above. I also attest that all information given is factual. I certify that the applicant is in good health and may participate in activities at Wellington Cheer and Dance, Inc. In case of an emergency requiring medical treatment, the undersigned hereby authorizes Wellington Cheer and Dance, Inc. to take the student to a qualified medical or hospital facility for care and treatment.

- I am the participant, if eighteen or older
 Parent or participant
 Legal guardian of the participant

Parent or Guardian Name: _____

Parent or Guardian Signature: _____