



## Waiver Form

I \_\_\_\_\_ (student's name) hereby agree to release & hold harmless Lake Nona Pride All Stars, LLC as well as its agents, instructors and employees, harmless from any liability, claim, injury, damage, loss or action which may result from participation in cheerleading, dance or tumbling instruction. I understand there are inherent risks associated with the cheerleading, dance or tumbling programs (the "programs") in which I propose to be involved, including but not limited to, sudden changes in blood pressure, irregularities of heart beat, dizziness, fainting, straining muscles, sprains, and broken bones. I have freely, knowingly and voluntarily undertaken these programs and certify that I have knowledge of any condition, physical or mental, which would prevent or limit my participation in these programs.

I agree that the above entities and individuals have no ability to independently investigate my health, or physical condition as it relates to my ability to tolerate the proposed programs and they are relying upon my certification to them that I have obtained appropriate clearance to engage in such programs from competent medical professionals.

I further release and agree to hold harmless Lake Nona Pride All Stars, LLC and the owner and operator of the real estate where such training will occur from any obvious defect in the premises (including parking areas, common areas and walkways).

Parent Signature: \_\_\_\_\_, hereby certify that I am the parent or legal guardian of the above athlete who is under the age of eighteen. I agree to the provisions of the above Release and Waiver on behalf of my child, and also agree to keep current all emergency contact information regarding my child in writing with Lake Nona Pride All Stars, LLC. The current emergency contact information for my child is listed below and on this waiver

### ***EMERGENCY CONTACT / INSURANCE INFORMATION***

\_\_\_\_\_  
Emergency Contact Name (please print clearly)

\_\_\_\_\_  
Emergency Contact Phone

\_\_\_\_\_  
Insurance Carrier (please print clearly)

\_\_\_\_\_  
Insurance Policy Number

\_\_\_\_\_  
Name of Insured

\_\_\_\_\_  
Insurance Carrier Phone Number