

All-Star Athletic Center LLC

REGISTRATON / RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

Participant's Name: _____ Age: ____ Birth Date: _____

Parent's Name: Mother _____ Cell # _____ Home Phone: _____

Father _____ Cell # _____

Address: _____ City: _____ Zip Code: _____

Parent E-Mail Addresses: 1) _____ 2) _____

Student E-Mail Address: _____

MEDICAL INFORMATION

EXISTING MEDICAL CONDITION(S): _____

MEDICATION(S): _____ ALLERGIES: _____

MEDICAL INSURANCE COMPANY: _____ POLICY #: _____

EMERGENCY CONTACT NAME (NOT SELF): _____ PHONE: _____

I, the undersigned parent or guardian, do here by grant permission for my daughter / son _____, to participate in the activities of cheerleading, tumbling, gymnastics, recreational fitness, sports training and/or karate at All-Star Athletic Center LLC. In consideration of participating in such activities at All-Star Athletic Center LLC, I represent that I understand the nature of this activity and that my son/ daughter is qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe that any activity or condition is unsafe my daughter / son , I will immediately notify an instructor and will discontinue participation by my daughter / son in the activity.

I fully understand that these activities involves risk of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own and / or daughter's / son's actions, or inactions, those of others participating in the activities, the conditions in which the activity takes place at All-Star Athletic Center LLC, or the negligence of the "RELEASEES" named below. I further understand and acknowledge that there may be other risks either known to me or not readily foreseeable at this time regarding these activities; and I fully accept and assume all such risk and all responsibility for losses, cost s and damages that my daughter / son and I incur as a result of my daughter's / son's participation in the activity.

I hear by release, discharge, and covenant not to sue All-Star Athletic Center LLC its administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers, and if applicable, owners, lessors and leases of the premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses or damages on my daughter's / son's and 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, wavier 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 a result of such claim.

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, including rights of my daughter / son, and have signed it freely and without and inducement or assurance of any nature. I further 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, not withstanding, shall continue in full force and effect.

ACTIVIYT DESCRIPTION: CHEERLEADING, TUMBLING, GYMNASTICS, RECREATIONS FITNESS, SPORTS TRAINING AND KARATE including but not limited to tumbling, stunting, cheerleading, dancing, conditioning, flipping, swinging and related exercises / physical activities.

This release is effective from _____ to _____. This form must be kept current and it is the participant or guardian responsibility to notify All-Star Athletic Center LLC with any changes.

PARENT / LEGAL GUARDIAN SIGNATURE

DATE

PARTICIPANTS SIGNATURE

DATE

Registration/Insurance: Annual cost is \$50 per student and must be renewed annually. All fees are non-refundable. I understand that upon registration. I will pay the registration/insurance fee before signing up for any classes.

Rules and Regulations: I understand that all safety rules must be observed as listed in the facility; no jewelry is to be worn and no food or gum will be consumed in the training area. I understand that ALL-STAR ATHLETIC CENTER LLC will not be responsible for any personal items brought into the facility. Only ALL-STAR ATHLETIC CENTER LLC registered students are permitted on the gym floors/equipment and only during their scheduled class times. All parents, siblings and other guests must wait in the designated waiting areas.

Publicity Releases: ALL -STAR ATHLETIC CENTER LLC may from time to time wish to use pictures or videos of your child/children for advertising, promotional items or on our website. Do you give permission to use pictures or videos taken at the gym of your child? _____ **YES** _____ **NO** _____ **Initial.**

CHILD'S NAME	DAY	TIME	CLASS	PROGRAM

Office Use Only

**All-Star Athletic Center LLC
Suite 105 , 1 Kimberly Rd
East Brunswick, NJ 08816**