

TUMBLING
WAIVER/RELEASE FORM FOR SAA CHEERLEADING

I. PARENTAL CONSENT

I, the parent or legal guardian of _____, a participant in the SAA (Shiloh Athletic Association) Cheer program, do hereby grant permission for his/her participation in tumbling during practices and games. I fully understand that all staff and coaches of the SAA Cheer Program are not experienced in tumbling, and I attest that my (son/daughter) has been trained and knows and understands how to tumble with proper technique to keep (him/her) free from injury. * Initials: _____

I grant permission for my child to perform the following: Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Forward Roll | <input type="checkbox"/> Front Tuck |
| <input type="checkbox"/> Cartwheel | <input type="checkbox"/> Back Tuck |
| <input type="checkbox"/> Front Walkover | <input type="checkbox"/> Aerial |
| <input type="checkbox"/> Back Walkover | <input type="checkbox"/> Round-Off |
| <input type="checkbox"/> Front Handspring | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Back Handspring | |

II. REALEASE FROM LIABILITY

I agree to assume all risks and hazards incidental to participation in the tumbling activities. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, the SAA Cheer Program, Shiloh Athletic Association and GFL Sports, Inc., the officers, directors, coaches, sponsors, volunteers and participants, for any claim arising out of an injury to my child, whether the result of negligence or any other cause. * Initials: _____

III. MEDICAL RELEASE

Because your child is involved in tumbling, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur before, during, or after our practices or games while at our site or a visiting site.

Participant: _____ Date of Birth: _____

Parent or Guardian Name: _____

Home Telephone #: _____ Business Telephone #: _____

Cell Phone #: _____ Medical Insurance Provider: _____

If parent or legal guardian cannot be reached, call:

Name: _____ Telephone #: _____

Relationship: _____

I hereby grant permission to the SAA Cheer Program to administer first aid, secure proper treatment, and/or hospitalize my (son, daughter) in case of emergency, provided they are unable to communicate with me, and according to their best judgment.

SIGNATURE of Parent or Legal Guardian: _____

I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED TO THIS DOCUMENT.

***PRINT Parent of Legal Guardian Name *SIGNATURE Parent or Legal Guardian *Date**

Witnessed by: (SAA Cheer Coach or Board Member) _____