

Fame All-Stars Medical Waiver/ Info Form

Child's Full Name _____
Street _____
City _____ Zip _____
Age _____ Sex _____ Date of Birth _____
Mother _____ Phone _____
Father _____ Phone _____
Emergency Contact _____
Email Address _____

Allergies/Previous Injuries _____
Copy of Insurance Card on file? YES / NO

How Did You Hear About Us? _____
Medical Release Form and Liability Waiver

I, Certify that _____ is physically capable and able to fulfill requirements needed to participate in all aspects of Fame All-Stars, LLC program and hereby give consent for him/her participate in all aspects of Fame's program. I Hereby release, discharge, hold harmless, covenant to indemnify and not to sue Fame, its directors, officers, employees, coaches, managers, sponsors, and associated personnel, from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the supplicant as a result of the applicant's participation in Fame's program(s) and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize.

Statement of Hazards of Participating in Athletics/Cheerleading /Tumbling

The undersigned participant and parent /legal guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury including but not limited to, death, serious neck., head and spinal injuries which may result in complete or partial paralysis; brain damage; serious injury to virtually all internal organs; muscular skeletal system; and serious injury or impairment to other aspects of the body, general health and well-being and any other unknown risks not reasonably foreseeable at this time and I assume all the foregoing risk and accept personal responsibility for the damages following any such injuries.

Medical Treatment Release Form

If a medical emergency should arise during my child's participation with Fame All-Stars, LLC at the time when I am not personally present so as to be consulted regarding his/her care, I hereby authorize any agent of Fame, on my behalf, to take whatever measure are necessary to ensure that he/she is provided with any emergency medical treatment including hospitalization, which Fame deems advisable in order to protect his/her health and well being and agree to be financially responsible for the cost of such assistance and/or treatment

Date _____ Parent/LegalGuardianSignature _____

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Date _____ Parent/LegalGuardianSignature _____