Medical Release Form

I fully understand that ALLURE All Stars LLC, and staff are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the staff of ALLURE to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the staff of ALLURE, to call a doctor and seek medical help, including transportation to any health care facility or hospital, or the calling of an ambulance for said child should the staff of ALLURE deem it necessary.

We, the staff of ALLURE, recognize our obligation to make our clients and their parents aware of the risks and hazards associated with the sport of cheerleading. Competitors may suffer injuries, possibly minor, serious or catastrophic in nature. These activities can be dangerous and can lead to injury. It is the parents who should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and coaches' instructions.

The undersigned agree, ALLURE and its' staff members are not responsible for injuries sustained by any cheerleader during the course of tumbling, stunting, cheerleading, or dancing in which he/she may participate or while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by ALLURE. I, my heirs, executors, and other representatives, waive and release all rights and claims for damages that I or my child/children may have against ALLURE and or its' representatives whether paid or volunteer. I also affirm that I now have and will continue to provide hospitalization, health and accident insurance coverage that I consider adequate for both my child's protection and my own protection.

APPEARANCE CLAUSE

Permission is granted to use my son/daughter's picture or image in future advertisement and literature for ALLURE, LLC, and events sponsored and conducted by them.

I have read and agree to the above release and appearance clause

X_____ _____

Participants/Participants Parent/Guardian Signature if under 18 Date

Participant Name Participant Address

_____ _____ _____ _____

City, State, Zip Code Home Phone

_____ _____

Parent/Guardian cell phone Emergency contact name & phone

_____ _____

Medical Insurance Company Policy and Group Number

_____ _____

Athlete Date of Birth_____

E-mail address _____

Parent's name (printed) _____

_____Parent Initial _____Director's Signature