

ATHLETE WAIVER

Name _____ Date of Birth _____

Address _____

City and Zip _____

Parent/ Legal Guardian Name _____

Email Address _____ Cell Phone _____



MEDICAL RELEASE AND LIABILITY WAIVER

I, certify that _____ is physically capable and able to fulfill requirements needed to participate in all aspects of FAME ALL STARS (hereinafter referred to as "FAME") program and hereby give consent for him/her to participate in all aspects of FAME's program. If there is any physical or medical reason why he/she should not participate fully, FAME, its coaches, agents, and staff require a written release from the participant's physician.

I hereby release, discharge, hold harmless, covenant to indemnify and not to sue FAME, its directors, officers, employees, coaches, managers, agents, 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 applicant 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

Both the athlete and parent/legal guardian must read carefully and sign.

I, 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, permanent disability or death.

Because of the dangers of participating in these activities, I (the athlete) recognize the importance of following team rules and the coaches' instructions regarding techniques and training and I agree to obey such instructions and rules in order to avoid possible injury.

We (athlete and parent/legal guardian) state that we have read and completely understand the above statements and agree to abide by same.

I have read the above waiver/release and sign below voluntarily.

_____ Date

_____ Signature of Athlete

_____ Date

_____ Signature of Parent/Legal Guardian

Medical Treatment Release

If a medical emergency should arise during my child's participation with FAME ALL STARS, (hereinafter referred to as "FAME") at a 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 measures 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.

I hereby consent to any and all medical treatments, including anesthesia, and operations which may be deemed advisable by any qualified physician selected by the agents or officials of FAME and agree to be financially responsible for the cost of such assistance and/or treatment. The intention hereof is to grant authority to administer and perform all and singularly any examination, treatments, anesthetics, operations, and/or diagnostic procedures which may now or during the patient's care be deemed advisable or necessary by any qualified physician. No action will be taken until an attempt is made to contact the parent(s)/legal guardian(s) at the phone number(s) listed on this form.

_____ Date

_____ Signature of Parent/Legal Guardian

Media Waiver

In permitting my child to participate in FAME, I am specifically granting my permission, (both during and any time after) to FAME to use his/her likeness, name, voice and words on television, radio, film, newspaper, magazines and other media, and in any form for the purpose of advertising or communicating the purposes and activities of FAME and/or for funding to support FAME's program.

_____ Date

_____ Signature of Parent/Legal Guardian

EMERGENCY CONTACTS
_____ Emergency Contact 1
_____ Mobile# 1
_____ Emergency Contact 2
_____ Mobile# 2

MEDICAL INFORMATION
_____ Previous injuries
_____ Allergies
_____ Other Conditions
_____ Child's Doctor

INSURANCE INFORMATION
_____ Insurance Company
_____ Insurance Company Phone Number
_____ Group Number / Policy Number
_____ Subscriber Number