



# Waiver/Agreement Form

Cheerleading International Academy, Inc.  
CIA of Cincy  
568 Old State Route 74  
Cincinnati, Ohio 45244

Voice: 513- 576 - 9800  
Fax: 513- 576 - 9802  
www.CIAofCincy.com

## Athlete Membership Agreement and Information

### Agreement

In consideration of my team's participation in Cheerleading International Academy Inc.'s event, I agree to be bound by each of the following:

- Eligibility:** I agree to comply with the rules, policies, and procedures set forth by Cheerleading International Academy Inc. also understood as CIA of Cincy.
- Readiness to Participate:** I will only participate in those Cheerleading International Academy Inc. competitions, activities or events for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my skills and will perform only those skills, which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
- Medical Attention:** I hereby give my consent to Cheerleading International Academy Inc. and/or the Host Organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation.
- Waiver:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events.
- Release:** I give consent and release of all photos and videos taken by the staff and/or affiliates of Cheerleading International Academy Inc. for the use pertaining but not limited for training, marketing, and advertisement of their choice.

I further hereby release the following parties and agree that the Cheerleading International Academy Inc., and the sponsor of my Cheerleading International Academy Inc. event, along with the employees, agents, officers and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event.

### Information

**Team Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Head Coach Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

As Head Coach, I hereby verify by my signature above that I fully understand and accept each of the above conditions for permitting my team to participate in this event conducted at/by Cheerleading International Academy Inc., CIA of Cincy. Furthermore I understand that Cheerleading International Academy Inc. will not be held accountable for any losses or injuries associated with my actions.

	Participant Name	Insurance Carrier	Parent Signature		Participant Name	Insurance Carrier	Parent Signature
1				16			
2				17			
3				18			
4				19			
5				20			
6				21			
7				22			
8				23			
9				24			
10				25			
11				26			
12				27			
13				28			
14				29			
15				30			