



Waiver/Agreement Form

Cheerleading International Academy, Inc.
CIA of Cincy
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Cincinnati, Ohio 45244

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Athlete Membership Agreement and Information

Fill in all blanks; submit forms for current season only, bearing original signatures (photocopies or facsimiles not acceptable).

Agreement

In consideration of my membership in Cheerleading International Academy Inc., and my participation in Cheerleading International Academy Inc., classes, events, and activities, I agree to be bound by each of the following:

1. **Eligibility:** I agree to comply with the rules, policies, and procedures set forth by Cheerleading International Academy Inc. also understood as CIA of Cincy.
2. **Readiness to Participate:** I will only participate in those Cheerleading International Academy Inc. classes, events, competitions, and activities 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.
3. **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.
4. **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.
5. **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, expect where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

Information

Athletes Name: _____ **DOB** ____/____/____

Athletes under 18 years old: As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by Cheerleading International Academy Inc.

Primary Medical Insurance: I am covered by primary health/medical/accident insurance through:

Emergency Contact Information & Numbers:

[] **Special Needs:** _____

Printed Name of Parent or Guardian: _____

Parent or Guardian Signature: _____ **Date:** ____/____/____