

Studios on Main, llc
Cheer & Tumbling Program Release

PARTICIPANT NAME: _____ DOB _____

PHONE _____ ALTERNATE _____

PARENTS NAME(S) _____

EMAIL ADDRESS _____

MEDICAL INFORMATION:

CURRENT MEDICATIONS: _____

ALLERGIES: _____

MEDICAL CONDITIONS (STUDIOS ON MAIN LLC RESERVES THE RIGHT TO REQUIRE MEDICAL CLEARANCE AT ITS SOLE DISCRETION):-

SPECIAL CONDITIONS: _____

PARTICIPANT'S PHYSICIAN'S NAME AND PHONE NUMBER: _____

PARTICIPANT'S MEDICAL INSURANCE INFORMATION (ATTACH COPY OF PROOF OF INSURANCE):

COMPANY: _____

GROUP/POLICY/IDENTIFICATION #: _____

“AGREEMENT and RELEASE from Liability” Contract

This agreement, contract and release from liability is entered into this day of ____________ by and between Studios on Main LLC and participant _____, and, if the participant is a minor, the parent/guardian of participant _____. In exchange for the use of property, facilities and services of Studios on Main LLC, the participant, his/her heirs, assigns and legal representatives, hereby expressly agree to the following:

1. I understand that the sport of cheer and floor tumbling is a high risk activity and that injuries can and do occur. I understand that this activity will expose me and/or my child to above average risks of injury and/or death.
2. I understand and agree that I am responsible for my own safety while choosing to engage in this activity
3. I understand that in order to participate in the cheer/tumbling program at Studios on Main, LLC, my child must continuously maintain personal/family insurance coverage and must provide proof of said insurance. I agree that in the event that my insurance lapses for any reason that I will NOT participate in this activity.
4. I further understand and agree that any injuries sustained during participation in tumbling and any subsequent medical care required will only be covered by my private/personal medical insurance.
5. I also understand that in order to participate in class and competitions hosted by other companies, schools, or programs, I will need to provide proof of insurance and understand that these events and classes are NOT covered by studios on main liability insurance.
6. I AGREE TO ASSUME ANY AND ALL RISKS, ALONG WITH THE FINANCIAL AND PERSONAL CONSEQUENCES OF THESE RISKS, THAT ARE INCURRED AS A RESULT OF PARTICIPANT’S USE OF OR ENGAGEMENT IN THESE ACTIVITIES. **Initial:**_____
7. I agree not to sue, and in fact to hold harmless, Studios on Main LLC, it’s owner, agents or employees associated with this activity, for ANY claims, damages, costs or expenses, including this caused by ordinary negligence of ANY party, except those that are caused by the direct, willful and wanton gross negligence of Studios on Main LLC.
8. If the participant is a minor, As parent of guardian I agree that this agreement and release of liability is a contract and when signed will be legally binding to all parties, subject to the above terms and conditions, and shall be enforced and interpreted under the laws of the Commonwealth of Pennsylvania.
9. I agree that I understand this contract, and all of its terms, and the implications of this contract.

Participant (Print and sign)

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Initials:_____