

ASSUMPTION OF RISK, LIABILITY WAIVER, AND RELEASE

THIS DOCUMENT INCLUDES A RELEASE OF LIABILITY AND A WAIVER OF CERTAIN LEGAL RIGHTS. PLEASE READ IT CAREFULLY BEFORE SIGNING.

I, THE UNDERSIGNED, **ON BEHALF OF MYSELF AND MY MINOR CHILD** AND OUR PERSONAL REPRESENTATIVES, HEIRS, SUCCESSORS AND ASSIGNS, AND ANYONE ELSE WHO MAY ASSERT A CLAIM BY OR THROUGH US, AS A CONDITION OF PARTICIPATION IN CHEERLEADING, GYMNASTICS, DANCE AND OTHER SPORT ACTIVITIES WITH COLORADO CHEER ACADEMY, LLC, AGREE TO RELEASE COLORADO CHEER ACADEMY, LLC AND ITS EMPLOYEES, AGENTS, OWNERS, CONTRACTORS, AND OTHER PARTICIPANTS FROM ALL CLAIMS FOR NEGLIGENCE OR OTHER CLAIMS WHICH MAY ARISE FROM PARTICIPATION IN THOSE ACTIVITIES TO THE FULL EXTENT PERMITTED BY COLORADO LAW.

ASSUMPTION OF RISK: Cheerleading, gymnastics, and dance are recreational sport activities that involve an inherent degree of risk or danger. Risks and dangers include injury, disability or even death. Specific risks which may be encountered include, but are not limited to, falls, impacts, strains and sprains, dislocations, broken bones, pain, and concussion. Catastrophic injuries are possible and include, but are not limited to, skull fractures, traumatic brain injury, spine fractures, spine injuries, permanent disability, and even death. Risks of injury, disability, or death exist both by virtue of the inherent risks of the sport, and as the result of accidents, equipment failure, negligence (of other participants, coaching staff, or others), and by other causes which cannot necessarily be anticipated. By signing below, I and my child are stating that we understand that these risks exist, and agree to assume those risks.

RELEASE OF LIABILITY: I, on behalf of myself and my child, and our personal representatives, heirs, successors and assigns hereby release, waive, discharge, and agree to hold harmless Colorado Cheer Academy, LLC, and its employees, agents, owners, contractors, and other participants from and against all claims, demands, causes of action and liability of every type and kind and nature whatsoever, for damage, loss, injury, or death to myself or my child or both resulting from activities of Colorado Cheer Academy, LLC, whether such claim, demand, or cause of action is based on negligence, breach of warranty, breach of contract, product liability, or upon any legal theory or basis of any nature.

AUTHORIZATION FOR MEDICAL TREATMENT: Should my child be injured while participating in Colorado Cheer Academy, LLC activities, I authorize Colorado Cheer Academy and its employees, agents, or contractors to administer emergency first aid and to seek medical attention, including transportation by ambulance. I agree to be financially responsible for any such medical attention obtained.

INTERPRETATION OF THIS RELEASE: I and my child agree that this release will be interpreted in as broad and inclusive a manner as permitted by the laws of the State of Colorado, which shall govern this agreement; and that if any portion of this release is held invalid it is agreed that the

remainder shall continue in full force and effect. We also agree that this release is a legally binding contract and that it supersedes any other agreements, written or oral, with respect to the subject matter of this release. We agree that the terms of this release may be waived or modified only in writing, signed by a member (owner) of Colorado Cheer Academy, LLC, which expressly states it is a modification of this release. We agree this release is intended to be a full and complete waiver of liability in accordance and to the extent of C.R.S. § 13-22-107.

I HAVE READ AND UNDERSTAND THE ABOVE, AGREE I HAVE SUFFICIENT INFORMATION TO ASSESS THE POTENTIAL DEGREE OF RISKS INVOLVED AND THE EXTENT OF POSSIBLE INJURY, AND AGREE TO BE BOUND BY THE TERMS OF THIS DOCUMENT BOTH FOR MYSELF AND FOR MY CHILD AND FOR OUR PERSONAL REPRESENTATIVES, HEIRS, SUCCESSORS AND ASSIGNS, AND ANYONE WHO MAY ASSERT A CLAIM BY OR THROUGH US.

Participant's Name: _____

Parent/Guardian's Name: _____

Phone Number (Cell/Home): _____

Email Address: _____

Street Address: _____

City/State/Zip: _____

Emergency Contact Name/Relation : _____

Emergency Contact Phone: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of MINOR: _____ Date: _____