## Treatment / Publicity / Medical Release Liability

Athletes Name		Birthdate
Athletes Name		Birthdate
Athletes Name		Birthdate
Street Address		City, State, and Zip
Phone Number	Webser Count Colonia	Email
DESCRIBE ANY MEDICAL PROBLE	EMS OR INJURIES:	
cannot be reached:		eleased to in case of an emergency and the parent  Phone Number
		Phone Number
Medical Insurance Company		
low did you hear about our prog	ram?	
Social Media	in mage 2 4	
Flyer in School		
Athlete	(Name of athlete who refer	rari voni
Other		
we on inherent danger in participation and that in spile of all p odicy Elite All Stars, at their own risk and will not hold Prod recricading and or Tumbling. The undersigned does havely go certeading or dance camp posters, calendars, photographs, by nontional material in any form content or reclimate.	ity treatment for injury or serious illi his/her own Medical Insurance. I un precantions and accident preventativ ing Elite All Stars, employees, and/d part Producy Elite Allstans and its so y-out flyers, video material, film mater de or market Producy Elite All Stars.	iness when neither parent can be reached and will assume all financial responsibility for such decision data chiericaning camps, competitions, practices, clinics and gymnastics equipment wis, injuries do occur. I further acknowledge that each participant has elected to participate in for instinators liable for any and all injuries that may occur while participating in the occasions, the unrestricted right to use the tundersigned's name, likewase, or appearance on any neital, computer software, computer hardware, electronic on-line services, or other similar. The undessigned does bearing expressly release and waive any demand, action, claim, license, may have based on claims of the undersigned as to rights of privacy, publicity, notoriety or same, likewase or appearance.
arent's Signature:		Date
		Date: