

## ARKANSAS CHEER ACADEMY LLC

### PARTICIPATION CONSCENT & LIABILTY TREATMENT

I, the undersigned parent/guardian, do hereby grant permission for my daughter/son, \_\_\_\_\_, to participate in the activity of cheerleading and tumbling with Arkansas Cheer Academy. In order that my daughter/son may receive the necessary medical treatment in the event she/he may sustain injury or illness during participation in this activity, I hereby authorize the cheerleading coach or other supervising adult to obtain medical treatment, at my expense, for my daughter/son for such injury or illness during the activity, and I hereby hold Arkansas Cheer Academy, its representatives and lessors harmless of the exercise of authority.

I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity, which involves inversion and rotation of the body, there is a possibility that my daughter/son may sustain physical illness or injury (minimal, serious or catastrophic) in connection with her/his participation. I further understand that my daughter/son and I are assuming all risk and cost of such physical illness or injury by her/his representatives and lessors from any claims for personal illness or injury that my daughter/son may sustain during participation in this activity.

I further understand that Arkansas Cheer Academy has established rules and regulations pertaining to conduct, safety, behavior and activities of all cheerleading/tumbling participants and parents, by which myself and my daughter/son must abide while she/he is a member of this cheerleading team/program and that my daughter/son and I will be responsible for our failure to abide by those rules and regulations. My daughter/son and I have read, understood and agree to all conditions set forth in the above medical treatment authorization and liability form.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

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