



**CheerWorkShop, L.L.C. 40 Arndt Ct. Fairfield, OH 45014 513-737-4297**

Liability Release

I/We, release CheerWorkShop, L.L.C., staff, location, and its representatives from any claims for physical illness serious bodily injury or death that may be sustained as a result of my child's participation in a CheerWorkshop, L.L.C., cheer and/or tumbling program.  
I/We acknowledge and understand that in participating in this cheer/tumbling program, there is a possibility my child may sustain physical illness, serious bodily injury or death due to participation in the program. I/We further understand that my child and I are aware of the full risk of physical illness, serious bodily injury or death by participation in the program.  
I/We understand and will be responsible for any medical bills that may be incurred, on behalf of my child, from any physical illness, serious bodily injury or death that may be sustained during participation in any CheerWorkShop,L.L.C., program.

Media Release

I/We hereby release any photos/video/audio footage of my child that may be taken during any even in which CheerWorkShop, L.L.C. participates. I understand that these images will be in good taste and shall be the exclusive owner of all rights, title, and interests, including copyright, to the aggregate material, except as to the child's rights, in any of the images released herein. The images may be used singularly or in conjunction with other photographs and/or recordings. I/We understand that others may use and/or reproduce the images with or without the consent of CheerWorkShop, L.L.C. By my/our signature below, I/we hereby release CheerWorkShop, L.L.C., any of its associated companies, their directors, owners, agents, employees, customers and the appointed advertising agencies directors, owners, agents and employees, from all claims of any kind on account of such use.

My/Our signature below acknowledges that we have read and understand the statements listed above and agree to abide by its contents.

Participant's Name: \_\_\_\_\_

Participant's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Participant's Grade: \_\_\_\_\_ Gender: M or F (please circle)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We do NOT agree to abide by the contents within the Liability Release Statement/Media Release Statement (please circle all that apply) for the following reasons. NOTE: In the event you do not agree to the Liability Release, your child will not be permitted to participate in any CheerWorkShop program or event.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Dream it... See it... Feel it... Achieve it... Mission Accomplished!***