



## **Release Waiver**

**Name Of Participant** \_\_\_\_\_

**Guardian's name** \_\_\_\_\_

**Phone #(home)** \_\_\_\_\_ **(other)** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

**Emergency contact's phone #** \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Recent serious injuries** \_\_\_\_\_

**Recent serious illnesses** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

- 1. I/We understand, in entering the ISA scholarship program, the risk of personal injury involved in power tumbling, dancing, stunts, cheerleading, etc. which could include serious fractures and/or catastrophic injuries causing permanent or temporary paralysis or even death. I/We are fully aware of the risks and possibility of injury involved.**
- 2. As a parent or legal guardian, I/We agree to provide health insurance for the above named participant and to guarantee payment of any medical expenses incurred as a result of performing, or participation in activities for the ISA Scholarship Program.**
- 3. In consideration for allowing the above-named person to participate in the activities of the ISA Scholarship Program, I/We waive any and all rights or causes of action against any of the ISA staff, coaches, building owners, or any other affiliates for any injuries suffered by my child.**
- 4. I/We have read and understand the above and agree to be bound by the terms hereof.**

\_\_\_\_\_  
**Name of Participant's Mother**                      **Signature of Participant's Mother**                      **Date**

\_\_\_\_\_  
**Name of Participant's Father**                      **Signature of Participant's Father**                      **Date**

\_\_\_\_\_  
**Name of Participant's Guardian**                      **Signature of Participant's Guardian**                      **Date**