

**ACTIVITY AGREEMENT/HEALTH INFORMATION**  
**AMERICAN CHEER EXPRESS, INC.**

Participant's Organization & Team Name \_\_\_\_\_

Participant Name \_\_\_\_\_  
Last First

**These Forms Must Be Presented at Check In:**

THIS COMPLETED FORM IS MANDATORY FOR PARTICIPATION IN THE AMERICAN CHEER EXPRESS INC. SPORTS PROGRAM AND COMPETITION EVENTS AND ACTIVITIES. PLEASE READ IT CAREFULLY AND SIGN WHERE INDICATED.

**VIGOROUS ACTIVITY:** The event involves vigorous athletic activity and may include stunts, pyramids, tumbling, jumps, dance and unity games. Due to the nature of the activity, we wish to inform you that the possibility of injury does exist, as with any athletic activity.

In consideration of the below-listed minor's enrollment and participation in any way in the cheerleader instruction & competition program of American Cheer Express, Inc. and related events and activities, the undersigned on my own behalf and on behalf of minor:

1) Acknowledge and fully understand that each participant will be engaging in activities which involve risk of serious injury, including permanent disability and death, and severe social and economic losses which may result not only from the participant's own actions, in-actions, or negligence, but from the actions, in-actions or negligence of others, or as a result of the rules of play or the conditions of the premises or any equipment used. 2) The undersigned acknowledge and fully understand that there may be other risks not known to them at this time and not reasonably foreseeable to them at this time. 3) Assume all the foregoing risk and accept all personal responsibility for the damages following such injury, permanent disability, or death. 4) Release, waive, discharge, and covenant not to sue American Cheer Express, Inc., its affiliated clubs, respective administrators, directors, agents, coaches, sponsors, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, their heirs or next of kin, for any and all claims, demands, losses, or damages on account of injury, including death or damage to property caused or alleged to be caused in whole or in part by the negligence of the releaseses or otherwise. 5) Agree that this waiver and release is to be interpreted according to the laws of **the State of New Jersey**.

**I, ON MY OWN BEHALF AND ON BEHALF OF MINOR, ACKNOWLEDGE THAT I/WE HAVE READ THE ABOVE WAIVER AND RELEASE. I/WE UNDERSTAND THAT WE WAIVE SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.**

X \_\_\_\_\_ DATE \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_ Print Name of Participant \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: ( ) \_\_\_\_\_

Permission is granted to use my child's/ward's picture in promotional advertisement, video, web, or literature for American Cheer Express, Inc. and its successors, assignees, affiliates, and sponsors without reservation.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Legal Guardian

Participant Last Name: \_\_\_\_\_ First \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_ First \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**MEDICAL TREATMENT AUTHORITY STATEMENT**

I, the undersigned parent/guardian, do hereby grant permission for my child/ward to attend the cheerleading event sponsored and conducted by American Cheer Express. In the event of injury/illness, I hereby authorize American Cheer Express to obtain medical treatment for my child/ward for such injury or illness during any event and I hereby hold American Cheer Express, the Host School or Institution and their representatives harmless in the exercise of this authority. I further acknowledge, understand, and agree that in participating in these events, there is a possibility of physical injury or illness and that my child/ward is assuming the risk of such injury or illness by his/her participation.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Legal Guardian

Health Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**HEALTH HISTORY**

**Per physical this year, is the individual listed above physically able to take part in all phases of the ACE event? (YES/NO) \_\_\_\_\_**

**Is there pertinent information, which we need, such as a history of diabetes, major surgery, epilepsy, or asthma (YES/NO)?**

**Any known allergies, including allergies to medication?**

X \_\_\_\_\_  
Parent/Legal Guardian