

CHEER DANCE SELF DEF
(Circle Program Please)

ALL AMERICAN YOUTH ACTIVITES OF FLORIDA, INC.
WAIVER & ASSUMPTION OF RISK AGREEMENT
MEDICAL RELEASE AND TREATMENT AUTHORIZATION FORM

Child's Name: _____ Name of Center/Park _____

Child's Birth Date _____ Child's Age _____ Child's School _____

Parent/Guardian's Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: (____) _____ Evening #: (____) _____ Cell #: (____) _____

How did you hear School Flyer School Planner Sign on Road Previous Student Internet Rec Center
about us?
(Please Circle One) My Friend: _____

Please provide us your email: _____
(WRITE BIG AND CLEAR!! This is used for communicating with you!)

Emergency Contact Information

Name: _____ Relationship: _____

Daytime Phone #: _____ Evening #: _____ Cell #: _____

By permitting my/our child to participate in the programs offered by All American Youth Activities of Florida, Inc., I/we understand and acknowledge the fact that participation in the these activities involves a certain degree of inherent risk of physical injury and I/we and on behalf of the minor child named above assume the full responsibility of any such injury, damages or loss regardless of severity which I/we or my/our minor child may sustain as a result of participating in any activity associated with the programs offered by All American Youth Activities of Florida, Inc.

I/We hereby waive for myself/ourselves and on behalf of the minor child named above any claims or causes of action for death, personal injury, property damage or otherwise (whether or not resulting from the negligence of All American Youth Activities of Florida, Inc.) which he/she or I/we may now have or hereafter have against All American Youth Activities of Florida, Inc., arising out of the minor child's participation in the program's activities, including, without limitation, all claims or causes of action for death, personal injury, property damage or other loss resulting from the negligence of All American Youth Activities of Florida, Inc.

(Continued on other side)

Child's Full Name: _____

Parent/Guardian Full Name: _____

(This document is continued from previous side)

I/we further agree to defend, indemnify and hold All American Youth Activities of Florida, Inc., harmless from and against all claims, judgments, losses, liabilities costs and expenses (including, without limitation, attorney's fees and cost) asserted against All American Youth Activities of Florida, Inc., by such minor child and any other party or suffered by All American Youth Activities of Florida, Inc., arising out of death, personal injury, property damage, or otherwise suffered by the minor child arising out of the program's activities in which the minor child participates during his/her enrollment in any program activity with All American Youth Activities of Florida, Inc.

I/we hereby grant All American Youth Activities of Florida, Inc., the right to photograph and/or video tape myself/ourselves or my/our minor child and further utilize my/our or the minor child's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promoting materials without reservation or limitation. In granting this License, I/we understand that All American Youth Activities of Florida, Inc., is under no obligation to exercise any of its rights, licenses and privileges herein granted by myself/ourselves or on behalf of my/our minor child.

As utilized herein All American Youth Activities of Florida, Inc. shall include all affiliated or subsidiary companies, and officers, directors, employees, agents and assigns of each of the foregoing.

I/we and on behalf of my/our minor child hereby authorize and consent to All American Youth Activities of Florida, Inc., to procure at my/our expense, any medical care or attention reasonably required or necessary by aforesaid minor child during his/her visit at hospitals or facilities chosen by All American Youth Activities of Florida, Inc. In the event of any injury or illness, I/we hereby release and hold harmless All American Youth Activities of Florida, Inc., against any and all claims, demands, losses, suits, liabilities costs, fees, or any other damages.

I/we acknowledge and affirm that any medication to which the aforesaid minor child is allergic or currently taking is listed above and that the minor child is responsible for consuming the prescribed dosage.

I/we understand and acknowledge that I/we or my/our insurance company will assume all expenses for any medical attention or treatment, including without limitation, transportation to any medical facility. I/we understand that I/we will be contacted All American Youth Activities of Florida, Inc., as soon as possible to the best of their ability in the event of an emergency regarding said minor child. However, I/we understand that All American Youth Activities of Florida, Inc., is under no obligation or duty to provide such notice prior to obtaining medical attention pursuant to this release.

I/we hereby represent that to the best of my knowledge the minor child in is good health and I/we know of no reason that the child should not be able to perform the activities of the program in which he is enrolled.

As utilized herein All American Youth Activities of Florida, Inc. shall include all affiliated or subsidiary companies, and officers, directors, employees, agents and assigns of each of the foregoing. A facsimile copy or photocopy of this waiver and any signatures affixed hereto shall be considered for all purposes as originals.

I hereby certify that I have read both sides of this document and understand the foregoing. I also agree to abide by ALL policies and procedures of All American Youth Activities, Inc. including, but not limited to their NO REFUND policy. These policies and procedures were given to me when my child was registered. They are also made available to me and the general public on their website at allamericanyouth.org.

Parent/Legal Guardian Signature

Date