

Medical and Liability Release Form

Must be filled out entirely in order to participate in Integrity Elite Allstars activities; do not skip any questions

Student Information		
Full Name		
Date of Birth / /	Age Grade	School
Street Address		
City	State	_Zip
Parent Information		
Father's Name (or Guardian)		
Home Phone	Work Phone	Cell Phone
Mother's Name (or Guardian)		
Home Phone	Work Phone	Cell Phone
Parent's e-mail		
Emergency Contact	Relationship	Phone
Medical Information		
Insurance Carrier		Policy Number
Family Physician		Physician Number
Please list any medical conditions_		
Please list any allergies		
Please read the back of this document!		

STATEMENT: I HAVE CAREFULLY READ THIS DOCUMENT AND I UNDERSTAND AND ACCEPT THE INFORMATION AND THE REQUIREMENTS THEREIN.

Name of Parent or Legal Guardian (Please Print)

Signature _____ Date _____

VIGOROUS ACTIVITY: Participation in this sport involves vigorous athletic activity and may include tumbling, stunts, jumps, dance, use of the trampoline and use of exercise equipment. Due to the nature of the activity, we wish to inform you that the possibility of serious injury/death does exist as with any athletic activity. Integrity Elite recommends and encourages that any participant be evaluated by a physician prior to participating in any activities and that the participant continue to consult with a physician on a regular basis. Any evaluation, assessment or recommendation by any representative of Integrity Elite is not a substitution for proper evaluations by a physician.

PARENTAL CONSENT: I acknowledge and understand the risks involved in this activity and grant permission for my child to participate and assume those risks. I have read the above information about the risk of vigorous athletic activity. The participant is in good health and physically capable of participating in any practice, class or event. I agree to indemnify, hold harmless and defend Integrity Elite All Stars and its owners, directors, officers, employees and affiliates, from any and all claims, damages, losses and expenses whatsoever, including legal fees and expenses and those based on negligence and those relating to personal injury and loss of personal property, that may be incurred by me, my child or other members of my family relating to the use of the facilities or the participation in any programs or activities of Integrity Elite (collectively, the "Claims"). I also waive, and release Integrity Elite All Stars from any Claims.

MEDICAL TREATMENT: I authorize Integrity Elite and its staff to seek treatment for any injury or illness to my child while participating and also authorize the physician and/or hospital to perform treatment to any illness or injury. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage for my child.

MEDIA RELEASE: I hereby grant permission for Integrity Elite to use appropriate photographs or videos taken of my child during any event, class, or practice. I understand that such photographs or videos become the property of Integrity Elite and may be used in future publications or distributions (flyers, brochures, special events, web page, etc.) for promotional purposes.

If any controversy or claim arises out of or relates to the Release I agree to first attempt to settle the dispute by mediation. If mediation is unsuccessful, any controversy or claim arising out of or relating to the Release shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award tendered by the arbitrator or arbitrators may be entered in a court of competent jurisdiction, shall be binding and conclusive on the parties, and shall be kept confidential by the parties to the greatest extent possible. This Release is binding upon my successors, legal representative and heirs.