



WAIVER AND RELEASE FORM

INFORMATION

Participant's Name _____ Phone #: _____

PARENT/GUARDIAN INFORMATION

Name: Parent/Guardian: _____ Phone #: _____

Address: _____

City: State: Zip: _____

Email: _____

In consideration for (name) _____'s participation in instructional activities provided by BALCONY SPORTS including but not limited to instruction, but all aspects of cheerleading, tumbling, karate and dance training including use of equipment and stairs, No use of the free weight area upstairs is allowed without approval and additional release. I am fully aware that any activity involving motion, height, or athletic activity creates the possibility of serious injury and/or death. I hereby release BALCONY SPORTS, including its officers, shareholders, agents, and employees, from any liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named participant occurring on the premise of BALCONY SPORTS. This release includes but is not limited to any claims of negligence, dangerous condition, latent defect, premises liability, code violation, negligent security, failure to warn, vicarious liability, negligent hiring, negligent supervision, negligent maintenance, or improper/ dangerous equipment; it is intended to be as broad as permissible under Florida Law. I am fully aware of the nature of the activities provided and the possibility of injuries arising from such activities. I further agree to hold harmless, indemnify and defend BALCONY SPORTS, including its officers, shareholders, agents, and employees from any loss, liability, damage, or cost incurred by them due to the above named athlete on the premises or during any event sponsored or sanctioned by BALCONY SPORTS. This release is intended to be binding upon the athlete, his/her heirs, assignees, and successor in interest, and anyone claiming by or through him/her. In addition, I give BALCONY SPORTS permission to film, photograph, or videotape the above athlete for any reproductions, movies, televised events, or promotional print associated or in any way connected with BALCONY SPORTS. I have read and understood the registration form and agree to all terms as stated above. I also attest that all information given is factual. I certify that the participant is in good health and may participate in instructional activities at BALCONY SPORTS. In addition, the parent/legal guardian may not leave the premise during such activities in the event of an emergency. In case of an emergency requiring medical treatment, the undersigned hereby authorizes BALCONY SPORTS to take the above-named athlete to a qualified medical or hospital facility for care and treatment.

Athlete/Parent/Legal Guardian's Name: _____

Signature: _____

Date: _____