

**JUSTICE TUMBLING CO.
REGISTRATION AND RELEASE FORM**

ATHLETE INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
DOB: _____ M/F: _____
Cell Phone: _____
Email: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian: _____
Cell Phone: _____
Work Phone: _____
Email: _____
Secondary Contact: _____
Phone Number: _____

MEDICAL INFORMATION

Allergies: _____ Medications: _____
Insurance Carrier: _____ Policy Number: _____
Emergency Contact: _____ Phone Number: _____

Please list any medical limitations that could affect their participation and/or performance: _____

**JUSTICE TUMBLING COMPANY LLC.
(herein after referred to as ("Justice Tumbling Co."))
ACKNOWLEDGEMENT, AUTHORIZATION , AND RELEASE FORM**

In consideration for (athletes name) _____'s participation in the activities provided by Justice Tumbling Co. including, but not limited to, all aspects cheerleading and tumbling, I am fully aware that any activity involving motion, height, or athletic activity creates the possibility a serious injury and/or death. I hereby release Justice Tumbling Co. and it's members or employees from any liability arising from injury to that person or property of the above name athlete and/or legal guardian occurring on the premise of Justice Tumbling Co., and/or any event sponsored or sanctioned by Justice Tumbling Co., including travel to and from such events. This release includes, but is not limited to, dangerous conditions, latent defect, premises liability, code violation, failure to warn, vicarious liability, improper/dangerous equipment, and any claims of negligence including negligent security, hiring supervision, and maintenance; it is intended to be as broad as permissible under Oklahoma Law. I am fully aware of the activities performed and any possible injuries that may arise from such activities. I further agree to hold harmless, indemnify, and defend Justice Tumbling Co. and it's members or employees from any losses, liabilities, damages, or costs incurred by them due to the above names athlete and/or legal guardian on the premises of, or during any event sponsored or sanctioned by Justice Tumbling Co. 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 Justice Tumbling Co. permission to film, photograph, or videotape the above athlete for any reproductions, movies, televised events, or promotional print associated with or in any way connected to Justice Tumbling Co. I attest that the athlete is in good health and may participate in any and all Justice Tumbling Co. activities. In case of an emergency requiring medical treatment, the undersigned hereby authorizes Justice Tumbling Co. to take the above named athlete to a qualified medical or hospital facility for care and treatment. I have read and understood the registration form and agree to all terms and conditions as stated above. I also attest that all provided information is factual.

Athlete Name: _____ Parent/Guardian Name: _____
Athlete Signature: _____ Parent/Guardian Signature: _____
Date: _____ Date: _____

Witness Name: _____
Witness Signature: _____
Date: _____