



Ignite Cheerleading

108 Industrial Dr. Unit A
Minooka IL 60447

Open Gym/Class Waiver

**PLEASE ONLY FILL OUT IF YOU ARE NOT A MEMBER WITH IGNITE. ALL
IGNITE CHEERLEADERS HAVE THEIR WAIVERS ON FILE**

Child's Last Name: _____ Child's First Name: _____

Parent/Legal Guardian Last Name: _____ First Name: _____

Cell Phone #: _____ Address: _____

Emergency Contact: (Name & Phone): _____

As a parent or legal guardian of _____, A minor, hereby grant the permission necessary to participate in open gym at Ignite Cheerleading, Inc. I, in my own behalf and on behalf of the Minor, further agree to release and to hold harmless Ignite Cheerleading, Inc., the hosting site, on whose premises the practice, competition, birthday parties or any other activity will occur, the affiliates of Ignite Cheerleading, Inc. And the Location and respective instructors, sponsoring organization, facility, employees of Ignite Cheerleading, Inc. or any other party involved from any and all liability for negligence or any other claim judgment, loss, liability, cost and expenses (including, without limitations, attorney fees and costs) arising out of or connected with the practice or competition, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the Minor may incur or sustain during the clinic/practice/competition, all activities associated with Ignite Cheerleading, Inc. I further agree to reimburse and make good to releases any loss, or costs releases may have to pay as a result of any such action, claim, or demand. I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Liability Release releases Ignite Cheerleading, Inc. from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the clinic/practice/competition will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: _____ Date: _____