

CHEER TUMBLE CLINIC

Our tumbling clinics will take cheerleaders to the next level! Join Holly, Kathie and Sonya at one or all of our clinics to learn and improve your tumbling skills. Groups are welcome!



Dates: June 18th, June 25th
July 16th, July 23rd

Time: 1 hour sessions – first session will start at 8am.

Cost: \$10 per clinic



Paramount Sports Complex, 21 Landings Drive, Annville, PA 17003

(717)838-0330 www.paramountsportscomplex.com

RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF FULL RESPONSIBILITY FOR ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE AND INDEMNITY AGREEMENT

As consideration for being allowed to enter the play area and/or participate in any party and/or class or program at Paramount Sports complex the undersigned, on his or her behalf, and on the participant(s) identified below, acknowledges, understands, and agrees to the following: 1) I represent that I am the parent or legal guardian of the Participant(s) named below or I have obtained permission from the parent/legal guardian of the Participant(s) named below to execute this agreement on their behalf. 2) There are risks and dangers associated with participation in any and all activities, which could result in, but are not limited to, bodily injury, partial and/or total disability and death. 3) I, as the minor participant, have no physical or mental condition which would interfere with my ability to participate in or attend any such event or activity, or that would endanger my health or safety. 4) I am warranting that my minor child has no mental or physical condition that would interfere with his/her ability to participate in or attend any such event or activity, or that would endanger his/her health or safety. 5) The social and economic losses and/or damages, which could result from those risks and dangers described above from said participation in any and all activities, could be severe. 6) These risks and dangers may be caused by the actions, inaction, negligence or carelessness on the part of Paramount Sports Complex, Inc., or any of its officers, agents, servants, or employees. 7) There may be other dangers and risks from said participation in any and all activities not known to us or not foreseeable at this time.

IN CONSIDERATION of permitting the undersigned and/or myself to participate in any and all activities at Paramount Sports Complex, Inc. in the City of Annville, County of Lebanon, and the State of Pennsylvania, the undersigned agrees for himself/herself, his/her family, his/her heirs, administrators and assigns, and voluntarily releases, discharges and promises not to sue and not to hold liable Paramount Sports Complex, Inc. or any of its officers, agents, servants or employees for any and all claims for personal injury, property damages or wrongful death occurring to himself/herself arising out of engaging (or receiving instructions) in said activity or any activities incidental thereto whenever or however it may occur and for whatever period the activities or instructions may continue and whether it is caused by the negligence or carelessness, or otherwise, of the persons or entities conducting or sponsoring the event or instruction.

It is my intention by this document to relieve Paramount Sports Complex, Inc. or any of its officers, agents, servants, or employees of any responsibility for personal injury, property damage or wrongful death whether caused by the negligence, carelessness, or otherwise, of the persons or entities mentioned above.

I UNDERSTAND I AM ASSUMING ALL RISKS INHERENT WITH ANY AND ALL ACTIVITIES THAT I AM PARTICIPATING IN, WHETHER KNOWN OR UNKNOWN, AND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP MY RIGHT TO SUE PARAMOUNT SPORTS COMPLEX, INC., WHETHER CAUSED BY THE NEGLIGENCE OF THE SAID PERSONS OR ENTITIES. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS, AND FURTHER AGREE THAT NO ORAL REPRESENTATION, STATEMENTS OR INDUCEMENTS APART FROM THE AGREEMENT HAVE BEEN MADE.

I HAVE READ THE DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS.

Participant Name	Date of Birth	Participant Name	Date of Birth
------------------	---------------	------------------	---------------

Participant Name	Date of Birth	Participant Name	Date of Birth
------------------	---------------	------------------	---------------

Participant Parent/Guardian: Print Name	Participant Parent/Guardian: Signature
---	--

Address (Street, City, State & Zip Code)

Emergency Contact Number

Email Address (by providing your email we may send you exclusive offers, coupons, current events and news.)

Name: _____ Age: _____

Date: June 18th June 25th July 16th July 23rd

Tumbling Experience: Yes ___ No ___

If yes, please describe the skills you have: _____

Payment: _____

No. of clinics: _____ @ \$10 each. Total Cost: \$ _____

Payment Method:

Check no: _____ Credit Card Batch: _____ Cash ID: _____



Please sign the waiver.

Return the form to Paramount with payment.

Spaces are limited!