



Confidence, Integrity, Respect, Strength
8811 Amigo Ave., Northridge, CA 91324
BIRTHDAY PARTY PARTICIPANT FORM
(please print)

Student's Name (first and last): _____ Age: _____

Current School: _____ Birth Date: ____/____/____

Previous Injuries: _____ Allergies: _____

Parent/Guardian's Name (first and last): _____

Address: _____ City: _____ Zip: _____

Cell #: _____ Home #: _____ Work #: _____

E-mail Address: _____

Emergency Contact: _____ Phone Number: _____

Release of Liability

I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses including negligence of "releases" named below, associated with participation in cheerleading activities and events, including, but not limited to, dance, gymnastics, tumbling, stunts, pyramids, and other types of movement. I agree that Magnitude Cheer and the sponsor of any Magnitude Cheer representatives, guest officials, spectators, and next of kin shall not be liable for any and all, including, but not limited to, death or damage to property or person(s), losses, or damages occurring as a result of myself/my child's participation in any event or activity. Any other representatives and I waive and release all rights and claims to sue for damages that my child or I may have against the staff or representatives of Magnitude Cheer and hereby agree to hold harmless Magnitude Cheer, its agents, employees, or servants, whether paid or volunteer, against any and all claims which may arise while participating at magnitude Cheer. I hereby give consent to the staff to render temporary first aid to myself/my child in the event of an injury or illness, and if necessary to seek appropriate medical attention. I give Magnitude Cheer permission to photograph, videotape, and/or interview myself and/or my child(ren) for publicity purposes. I waive the right to inspect and/or approve the finished product. I HAVE READ THE RELEASE OF LIABILITY AND AM FULLY AWARE OF THE RISKS INVOLVED WITH PARTICIPATION IN CHEERLEADING ACTIVITIES. BY SIGNING, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANCIAL RIGHTS, AND AGREE TO THE ABOVE, WITHOUT EXCEPTION.

I do hereby allow _____ to fully participate in this party.

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____

In case of emergency:

Physician's Name: _____ Phone #: _____

Physician's Address: _____ City: _____

Insurance Co.: _____ Policy #: _____ Group #: _____