



HOW DID YOU HEAR ABOUT US?

\_\_\_\_\_  
\_\_\_\_\_

LIABILITY WAIVER

Email: [mrsrena@impact1allstars.com](mailto:mrsrena@impact1allstars.com)

[www.impact1allstars.com](http://www.impact1allstars.com)

NORTH: 209 Branchview Dr, Ste 301, Concord, NC 28025

SOUTH: 429 Marvin Road, Fort Mill, SC 29707

Child's Name(s): \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_  
*First Name Last Name*

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Type:  Home  Cell  Work Other Phone: (\_\_\_\_) \_\_\_\_\_ Type:  Home  Cell  Work

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Secondary Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_  
*First Name Last Name*

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Type:  Home  Cell  Work Other Phone: (\_\_\_\_) \_\_\_\_\_ Type:  Home  Cell  Work

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I fully understand that IMPACT ONE Allstars members are not physicians or medical practitioners of any kind. With this in mind, I hereby release the IMPACT ONE Allstars Staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the IMPACT ONE Allstars, to seek medical help, including transportation by an IMPACT ONE Allstars Staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the IMPACT ONE Allstars staff deem necessary.

I understand the hazards of the novel coronavirus ("COVID-19") and am familiar with the Centers for Disease Control and Prevention ("CDC") guidelines regarding COVID-19. I acknowledge and understand that that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates. Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly choose to participate in Activities.

We, the staff of IMPACT ONE Allstars recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling and cheerleading. Students may suffer injuries, possibly minor, serious or catastrophic (paralysis or even death) in nature. Gymnastics, tumbling and cheerleading can be dangerous and can lead to injury! Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

IMPACT ONE Allstars, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the program offered by all rights and claims for damages that I or my child may have against the IMPACT ONE Allstars and/or its representatives whether paid or volunteer.

Parent/Guardian (please print): \_\_\_\_\_

Parent/Guardian (signature): \_\_\_\_\_ Date: \_\_\_\_\_