

Sarasota All Stars

Liability Waiver, Release & Medical Treatment Authorization

Participation in cheerleading, tumbling, stunting, and related activities involves inherent risks, including but not limited to serious injury, permanent disability, or death.

Assumption of Risk

I understand and acknowledge the risks associated with participation in Sarasota All Stars activities and voluntarily allow my child to participate, accepting all risks, including those arising from negligence.

Release of Liability

I, on behalf of myself and my child, release and discharge Sarasota All Stars, its owners, coaches, staff, and affiliates from any liability, claims, or causes of action arising from participation.

Medical Treatment Authorization

In the event of an emergency, I authorize Sarasota All Stars staff to obtain medical treatment for my child if I cannot be reached. I understand I am financially responsible for any care provided.

Medication Authorization

Initial to AUTHORIZE over-the-counter medication: _____

Initial to DECLINE over-the-counter medication: _____

Allergies / Medical Conditions: _____

Insurance & Health Responsibility

I confirm my child is physically able to participate and that I will inform Sarasota All Stars of any medical conditions. I understand the program does not provide medical insurance.

Agreement Duration

This agreement is valid for the duration of the current Sarasota All Stars season unless revoked in writing.

Agreement

I have read and agree to this waiver and understand that I am giving up certain legal rights.

Athlete Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Phone Number: _____

Emergency Contact: _____

Emergency Phone: _____

Parent/Guardian Signature: _____ Date: _____

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