

Birthday Party



Join us for a

MAGICAL TIME

at _____

____ **BIRTHDAY PARTY**

On the _____ day of _____

From _____ to _____



**#10, 321 Saskatchewan Ave,
Spruce Grove, AB**

RSVP to _____

Call or text: _____

DEEP BLUE ATHLETICS LTD.

PARTICIPANTS and/or PARENTS WAIVER, MEDICAL TREATMENT AUTHORIZATION, MEDIA CONSENT, LIABILITY RELEASE, POLICY AGREEMENT

Read carefully before signing.

Signing this document means I understand it entirely and agree to its contents. My signature means, in part, that I understand participation in a class or program of Deep Blue Athletics Ltd. can be risky and dangerous and may result in serious injury or death to me or my child, but that I will not sue or bring any action against Deep Blue Athletics Ltd. or anyone associated with Deep Blue Athletics Ltd.

_____, I, the undersigned parent or guardian, do hereby grant permission for my daughter / son (hereinafter referred to as "Participant"), whose name is printed below, to participate in the activities and programs held by Deep Blue Athletics Ltd., and agree to the contents of this document.

OR _____ I am over the age of 18 and am participating in the activities and programs of Deep Blue Athletics Ltd. (I shall also be referred to as "Participant".) and agree to the contents of this document.

DISCLAIMER CLAUSE

Deep Blue Athletics Ltd. Directors, Agents, contractors, employees, coaches/instructors, trainers, volunteers, members and representatives (all hereafter collectively referred to as "DBA"), are not responsible for any injury, loss or damage of any kind sustained by any person while registered as an DBA member and participating in any and all DBA sanctioned activities, events, practice sessions or social activities (all hereafter referred to as "DBA Activities"), including injury, death, loss or damage.

- Assumption of Risk.** I acknowledge that all programs of DBA including, but not limited to cheerleading, dance, tumbling and fitness classes, team training, practices, performances, competitions, demonstrations, parades, and travelling to and from such activities, whether held at the premises of DBA or elsewhere (collectively referred to as the "Activities") are physical activities that involve running, jumping, kicking, lifting, rotation, and coordinated body movements. I agree that participation by the Participant in any Activity involves inherent physical risks and I agree to assume the full risk of any bodily injuries (including death), damages, or loss which I / the Participant may sustain as a result of any activities arising out of, connected with, or in any way associated with participation in the Activities. I certify that the Participant's present level of physical condition is consistent with the demands of active participation in the Activities. In consideration of my/my child's membership and /or participation in DBA Activities, I acknowledge that I am aware of the possible risks, dangers and hazards associated with being a member, including the possible risk of severe or fatal injury to myself/my child or others.
- Waiver.** I agree that I, my heirs, next of kin, executors, administrators and assigns (collectively "my Successors") do hereby fully release DBA from any and all liability, claims and causes of action arising from any injury, damage or loss I / the Participant may sustain as a result of any activities arising out of, connected with, or in any way associated with my / the Participant's participation in the Activities and covenant not to sue DBA for the same, whether caused by the negligence of DBA or otherwise. This is a complete and irrevocable release and waiver.
- Indemnity.** I agree to indemnify, hold harmless and defend DBA from any and all claims arising out of or in consequence of my / the Participant's participation in Activities. This indemnification includes, but is not limited to legal fees.
- Medical Authorization.** In the case that I / the Participant sustains an injury or medical emergency during activities relating to the Activities, I authorize the owners, directors, staff, or other associated representative of DBA to act for me / the Participant, according to their judgement, seeking immediate treatment and / or the necessary emergency care for me / the Participant. This authorization DOES NOT require a prior determination of a threat to my / the Participant's life or a danger of serious permanent injury. I hereby hold the owners, directors, staff or other associated representatives of DBA harmless in the exercise of this authority.
- Emergency Transport and Care.** I authorize and agree to pay any expense incurred for emergency transport or treatment for the Participant.
- Authorization for Photo/Video Use & use of contact info.** I authorize DBA to use photographs, video recordings or any other likeness of myself / the Participant in its promotional or sales materials, advertisements, web site, Facebook, and I hereby waive any right to compensation or any claim of ownership thereto. If the Participant is active on a DBA team, I also authorize DBA to release my contact information to the DBA Cheerleaders Athletes Association for purposes of providing fundraising & related information to me.
- Rules and Commitments.** I have read, understand and agree to the DBA Policies and Procedures as well as the Participant Handbook.

I understand the policies are designed for the safety and protection of me / the Participant and I hereby agree to inform my child (the Participant) of the risks of the Activities and the importance of abiding by the rules and expectations. I have read and understand the financial commitments and the fee policies.

I have read and fully understand this release, waiver, indemnity and authorization and have had the opportunity to ask questions and have them answered. I am aware that by signing this release, waiver, indemnity and authorization, I am giving up certain rights which I, my child, the Participant or my Successors may have against DBA.

Date: _____

Name of Athlete / Participant (print): _____

Name of Parent (If Participant is under 18 years of age) (print): _____

Please list any allergies or conditions we should be aware of:

Signature of adult Participant / Guardian of Participant: _____

Phone: _____ Alternate Phone: _____

Email: _____

Please add me to the monthly newsletter YES or NO

Witness (signature): _____ Witness (print): _____