

20—VANCOUVER ALL STARS—ATHLETE CONTRACT
SIGNATURE REQUIRED

In regards to my child(ren) participating on a Vancouver All Stars (VAS) cheerleading team, my child and I have read and understand the policies and expectations outlined in this manual and understand that we are under contract for a ten-month season beginning in September.

Accidents can be a result of the nature of the activity and can occur with or without any fault on either part of the athlete, G Force Gym, Vancouver All Stars, its employees, agents or the facility where the activity is taking place. By allowing your daughter/son to participate, you are accepting the risk of an accident occurring and agree that the activities carried out in the course of an activity facility and cheerleading club are suitable for your child. By participating, you are admitting awareness of the usual risks and dangers inherent in participation in all of the activities offered at G Force Gym and associated with the Vancouver All Stars Cheer Program and the possibility of injury both minor and serious, property damage or loss of death resulting from the activities. I waive any and all claims I may have against and release all liability and agree not to sue G Force Gym, Vancouver All Stars, Elizabeth Gigante Ulrich, G Force Gym / VAS employees, agents or volunteers for any personal injury, property damage or loss sustained as a result of my child's participation in the program, arising out of any cause whatsoever.

In signing this Consent and Waiver, I am not relying on any oral or written representation or statements made by Vancouver All Stars, its servants, agents, employees or authorized volunteers to induce me to permit my child to take part, other than set out in the Consent and Waiver.

I am 19 years of age or older and have read and understood the terms of this Contract and Waiver and understand that it is binding upon me, my heirs, executors and administrators.

*In recognition of **ENTIRE** 2009-10 VAS Manual and waiver form:*

Legal Name of Child(ren) _____ , _____

Legal Name of Parent/Guardian (Print) _____

SIGNATURE _____

DATE _____

Please return this page along with your Membership and Insurance Fee to secure a spot for next season:

\$75 for all Competitive Level 1 Teams - **\$85** for all Elite Level 2-5 Teams

Upon receiving your payment, your spot on your team will be SECURED. Any payments not received before **Sun, June 14th** will result in your spot being OPEN and AVAILABLE.

PLEASE ENSURE THAT YOUR PAYMENT IS ATTACHED to THIS FORM!

[YOU HAVE **A CREDIT WHICH HAS AUTOMATICALLY BEEN APPLIED > _____]