



# HOLD HARMLESS AGREEMENT

## ACKNOWLEDGEMENT OF RISK

CHEERTYME ALLSTARS OF GA - LISA WOODARD - EMPLOYEES

I, \_\_\_\_\_ understand that participation in the sport \_\_\_\_\_ which is hosted by "CHEERTYME ALLSTARS OF GA" involves a certain degree of risk that could result in injury, death or high risk in person. After carefully considering the risk involved, and in view of the fact that CHEERTYME ALLSTARS OF GA is a organization I hereby release, hold-hamless and waive all claims associaed with this activity which I may have against CHEERTYME ALLSTARS OF GA ,LISA WOODARD & its EMPLOYEES, VOLUNTEERS and MEMBERS.

I AGREE & CONSENT

I DO NOT AGREE

I am aware that this form releases the company from any liabilities or claims.

I fully understand the terms and conditions under this agreement.

PARENT FULL NAME: \_\_\_\_\_

ATHLETE FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

\_\_\_\_\_

DATE SIGNED

\_\_\_\_\_

PARENT SIGNATURE

\_\_\_\_\_

ATHLETE SIGNATURE

COPIES SHOULD BE SENT TO LISAWOODARD45@GMAIL.COM

WWW.CHEER-TYME.COM