

BRIGATA

Medical, Liability, & Internet/Media Release

This release form applies to all activities including individual lessons, group sessions, open gyms, and any additional activities associated with The Brigade LLC. (aka Brigata, Coach Solomon and Coaches). By signing below, I understand that this form is in force, binding, indefinitely from the time I sign it, regardless of whether the parent or legal guardian is present during activity.

Minor's Name _____ Birthdate _____

Parent/Guardian's Name _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian's Phone Number _____

Parent/Guardian's Email Address _____

Emergency Contact Information:

Name _____

Relation to Minor _____ Phone Number _____

Liability Release: I _____, as parent/guardian of _____, a minor, hereby grant the permission necessary to allow the Minor to participate in individual lessons, group lessons, or any other activities associated with The Brigade LLC. (aka Brigata, Coach Solomon and Coaches). I understand that cheerleading, tumbling, and acrobatics are inherently dangerous. I understand that The Brigade LLC. (aka Brigata, Coach Solomon and Coaches) will provide supervision, safety training, and appropriate equipment. However, I understand and agree that even with appropriate supervision, training, equipment, and rules that attending and/or participating in cheerleading and tumbling activities may be a strenuous and/or hazardous, and I should contact a healthcare professional or doctor before my child begins such activities. I understand that attending and/or participating in cheerleading, tumbling and, acrobatics activities (including but not limited to handsprings, handstands, jumping, leaping, flipping, tossing others and being tossed by others or any associated activities) involve certain inherent risks and that, regardless of the precautions taken by The Brigade LLC. (aka Brigata, Coach Solomon and Coaches) or the participants, some injuries may occur. These hazards and injuries include but are not limited to: loss of control of self or equipment, collisions with other persons and with natural or manmade obstacles, slipping and sliding with poor footing, falling, equipment failure, and negligent or unwise behavior on the part of other participants that could lead to overexertion, cuts and lacerations, eye injuries, loss of hearing, muscle strain, sprains, dislocated joints, broken bones, back injury, head injury, heart attacks, or other bodily injuries that could result in permanent disability, quadriplegia, and even death. On my own behalf and on behalf of the minor, agree to release and to hold harmless The Brigade LLC. (aka Brigata, Coach Solomon and Coaches), the hosting site, affiliates of The Brigade LLC. (aka Brigata & Coach Solomon), directors, representatives, members, volunteer's, and employees from any and all liability, whether caused by negligence of myself, the Minor, other participants or sponsors or any other individual or otherwise for any claim, judgement, loss, liability, cost, and expenses (including, without limitations, attorney's fees and costs) arising out of or connected to The Brigade LLC. (aka Brigata, Coach Solomon and Coaches), including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic, and/or death) that Minor may incur or sustain. I hereby indemnify and hold harmless The Brigade LLC. (aka Brigata, Coach Solomon and Coaches) and their heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may be subsequently brought by myself or by the Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss of costs Releasees may have to pay as a result of any such action, claim, or demand.

*****I have read the above and agree.** (Please initial) _____

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Medical Release: I do hereby further declare the Minor to be physically sound and suffering from no condition, impairment, or other illness that would prevent my/her participation in cheerleading and/or tumbling. I acknowledge that he/she has either had a physical examination and have been given a physician's permission to participate, OR that I have decided that my child will participate without the approval of a physician and do hereby assume all responsibilities. I understand that if serious illness or injury occurs the emergency contact(s) listed below will be notified. Emergency treatment will be given as recommended by the attending nurse/physician.

In the event of such illness or injury, I authorize The Brigade LLC. (aka Brigata, Coach Solomon and Coaches) to obtain necessary medical treatment of Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releases in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during individual lessons, group lessons, or any other activities associated with The Brigade LLC. (aka Brigata, Coach Solomon and Coaches).

*****I have read the above and agree.** (Please initial) _____

Internet/Social Media Release: I understand that as a participant in and/or a spectator at The Brigade LLC. (aka Brigata & Coach Solomon and Coaches), Minor may be included in videos, photographs, DVD's, Podcasts/videocasts, and social media posts done during instruction. Therefore, without reservation or limitations, I, in my own behalf and on behalf of the Minor, hereby assign, transfer and grant to The Brigade LLC. (aka Brigata, Coach Solomon and Coaches), its successors, assignees, licensees, sponsors, and all other commercial exhibitors the exclusive right to photograph and/or videotape Minor and to utilize such videotapes and photographs and Minor's name, face, likeness, voice and appearance as part of the lessons, in advertising and promoting the business or in advertising and promoting similar future events and for any use or purpose whatsoever and without reservations or limitations. I further understand that neither The Brigade LLC. (aka Brigata, Coach Solomon and Coaches) nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. I, in my own behalf and on behalf of the Minor, waive any right to inspect or approve any materials related thereto.

*****I have read the above and agree.** (Please initial) _____

I hereby warrant that I have read this Medical, Liability, Insurance, & Internet/Social Media Release in its entirety and fully understand its contents. I am aware that this Medical, Liability, Insurance, & Internet/Social Media Release, releases The BRIGADE LLC. (aka Brigata, Coach Solomon and Coaches) from liability, and contains an acknowledgement of my voluntary, and knowing assumption of risk of injury or illness. I have signed this document voluntarily on the behalf of Minor listed above, I have signed this document voluntarily and of my own free will. I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Signature of Parent/Legal Guardian _____

Date _____

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The BRIGADE LLC. Policies:

Private Lessons:

Schedule with your Coach/Trainer directly by email, media, or call/text. All private training must be paid for using Cash, Check.

Cancelation Policy / Emergency Policy:

If you need to change your lesson time, let us know ASAP. OUR POLICY IS A 12 HOUR MINIMUM. Most professional services, if you cancel less than 24 hours before, or a no show for your appointment you forfeit the cost of that appointment, and it will be charged at full cost. We are the same, with a policy of 12-hours.

If emergency arises contact the coach ASAP. Also you can check to see if there may be the possibility of rescheduling. However, make-ups are subject to the discretion of the coach.

12-Hour System: Here the athletes/parents may reschedule for whatever reason, if provided a minimum of 12 hours notice. If 12-Hour window is missed, rescheduling would count for an extra lesson that week. Exception: if student wakes up sick or comes home from school sick during the day contact coach ASAP.

IF ANY OF THESE POLICES ARE ABUSED THE COACH HAS THE RIGHT TO OFFER YOUR TIME SLOT TO THE NEXT PERSON.

Signature of Parent/Legal Guardian _____

Date _____