



ALL ATTITUDE ATHLETICS, LLC

RELEASE OF LIABILITY FORM for ADULTS (18 YEARS AND OLDER)
Every Coach must complete this form.¹

PREAMBLE

I have read this liability form and understand the risks inherent to cheerleading, coaching of cheerleading, and any activity arising out of the foregoing, and I hereby acknowledge that I consent to participate in the camp activities for All Attitude Athletics, LLC held during the Oahu Camp, July 26-28, 2019 at Moanalua High School. (“Proposed Conduct”).

Initials

ACKNOWLEDGEMENT AND CONSENT

I, _____, certify that I willingly and voluntarily participating in the programs and activities of the All Attitude Athletics, LLC.

I understand that I must be in good physical shape and condition, and that the Proposed Conduct and activities in which I may be asked and expected to participate in are strenuous and require physical and athletic ability. It has been fully explained to me that these activities include, but are not limited to actively spotting or coaching.

I understand that all the cheerleading activities at all the All Attitude Athletics, LLC camp will have an inherent high risks of injury; that any of the various cheerleading components of the cheerleading camp involving my participation could lead to unavoidable injuries that may include muscle strains and tears, fractured bones, serious injury including partial or total paralysis, and even death.

With this understanding of the possibility of serious or catastrophic injury or death and the risks involved, I willingly and voluntarily consent to participating in the All Attitude Athletics, LLC camp.

As an adult coach or volunteer, I agree to provide my own personal health insurance or guarantee payment of any medical expenses incurred as a result of any injuries received during the All Attitude Athletics, LLC camp.

I represent to All Attitude Athletics, LLC that I am of sound body and mind, and I have no physical, medical, or mental disability or other limitations that would restrict my ability to fully participate in the camp. I have been informed that I must be examined and cleared by a physician prior to participation in the activities described above. I agree to immediately advise the All Attitude Athletics’ staff if I develop a physical, medical or mental disability or other limitation that would restrict my ability to fully participate in this activity as described to myself.

I agree to hold harmless and release the All Attitude Athletics, LLC, its owner, staff, directors, agents, sponsors, advertisers, volunteers and their directors and employees, including without limitation from any claim of negligence by myself, my heirs, executors and assigns, from any liability arising from claims for damages for injury to myself, and any claims for loss or damage to my property which may

¹ Failure to complete this form is grounds for immediate termination from any position as volunteer, coach, or otherwise.

arise out of my participation in the All Attitude Athletics, LLC camp.

I irrevocably grant All Attitude Athletics, LLC and its assigns, licensees and successors the right to use my image and name in all forms and media including composite or modified representations for all purposes, including advertising, trade or any commercial purpose throughout the world and in perpetuity. I also waive the right to inspect or approve versions of any image used for publication or the written copy that may be used in connection with the images. In doing so, I release All Attitude Athletics, LLC, and its assigns, licensees and successors from any claims that may arise regarding the use of my image including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright. All Attitude Athletics, LLC is permitted, although not obligated, to include my name as a credit in connection with the images

By signing below, I represent and warrant that I have read and understand the contents of this entire liability form including: the (1) preamble, (2) acknowledgement and consent, and the following statement:

I UNDERSTAND THE NATURE OF THIS LIABILITY FORM IS OF A CONTRACTUAL NATURE, I AM OF SOUND BODY AND MIND AND POSSESS THE MENTAL AND PHYSICAL CAPACITY TO READ, UNDERSTAND, SIGN THIS FORM, I HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT THIS STATEMENT AND INDEPENDENTLY REVIEW IT WITH MY OWN LEGAL COUNSEL, AND I HEREBY EXECUTE THIS LIABILITY FORM UNDER MY OWN FREE WILL AND MY CONSENT IS HEREBY PROVIDED VOLUNTARILY.

Print Full Name

Title (Coach, Volunteer, etc.)

Signature

Date