



Registration and Participation Agreement

Adult Name _____ D.O.B _____

Child Name _____ D.O.B _____

Address _____ Post Code _____

Email Address _____ Home telephone No. _____

Emergency Contact Name and No. _____

Any medical issues we need to be aware of (please speak to coaches directly about any medical/behavioural issues/concerns or injuries that may affect or may be affected by participation in any activities at ESP Studios)

Adult or Parent/Guardian Waiver and Release:

I fully understand that Empire Sports and Performance staff members are not doctors or medical practitioners of any kind. With the above in mind, I hereby release staff to render temporary first aid to me /my child in the event of any injury or illness, and if deemed necessary by the staff to seek medical help and/or call an ambulance. You agree that you are aware that you/your child will be engaging in physical exercise involving tumbling, ninja, cheerleading, acro or aerial hoop which could cause injury to you/ them. The risk of harm may be limited by the safety equipment and trained coaches, but never eliminated. You agree that you/your child is voluntarily participating in these activities and is assuming all risks of injury that might result. You hereby agree to waive and discharge any claims, causes of action or rights that you or your child might incur as a result of these activities including classes, events, camps, and so on and Empire Sports and Performance will not have any liability other than in relation to death or personal injury, where Empire Sports and Performance or its staff is proved to be negligent. You will indemnify Empire Sports and Performance and hold harmless against any claims resulting from such participation. Empire Sports and Performance Staff will make no evaluation or recommendation whether you/your child is physically fit for any physical activity. If you/your child has any physical condition that may impair yours/his/her ability to engage in the activities, it is your responsibility to obtain a doctor's statement describing any limitations to participate in this program. Please inform coaches directly of any medical issues/ injuries that may affect participation and any medical condition must be fully disclosed. You must inform Empire Sports and Performance if there are any changes to your / your child's medical history.

Signed _____ (Parent / Guardian) Date _____

Photo Waiver: I give Empire Sports and Performance permission to use my and or my children's photographs on print and or video or website for promotion/marketing & awards purposes only.

Yes No (please circle). To view our Privacy Policy, go to www.esp-studios.co.uk