



Student Participation Waiver Form

Student: _____ Age: _____ Date of Birth: _____

Mailing Address: _____

Parent/Guardian: _____

Parent Cell: _____

Parent email for communication purposes: _____

Liability Waiver and Indemnity Agreement: The listed conditions of the participation of the student listed above in any of the programs conducted by JNM Entities LLC., conducting business at Pride of Arkansas Cheer and Dance Academy in Fayetteville, Arkansas, including but not limited to dancing, tumbling, cheerleading, and fitness, I agree to the following terms:

1. I waive any claim for bodily injury, personal injury or property damage against JNM Entities LLC. or Pride of Arkansas Cheer and Dance Academy, JNM Entities LLC., Jenna Montgomery, directors, contractors, staff, shareholders, agents and insurers and any owners or lessors of the premises and any equipment used, arising out of child's participation in any of the programs held by JNM Entities LLC., Jenna Montgomery or contractors at the Pride of Arkansas Cheer and Dance Academy located at 915 N College Ave, Fayetteville, AR.
2. I understand that this waiver extends to injuries incurred by any member of my family, including my child identified above, myself or any other family member.
3. This agreement shall remain in effect as long as and whenever my child participates in any activity at or with JNM Entities LLC., or contracted employees by The Pride of Arkansas Cheer and Dance Academy.
4. If this agreement is not effective to waive liability on behalf of our child, ourselves or any other family member, we further agree to indemnify JNM Entities LLC. or The Pride of Arkansas Cheer and Dance Academy for their liability including all costs, fees, and expenses incurred in connection with such liability.
5. The Pride of Arkansas Cheer and Dance Academy is allowed to photograph my child and photos may be used on website, social media, and any other promotional materials.

Authorization of Medical Care: In case of illness or injury, if I cannot be reached, I authorize any desired medical care of my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

Acceptance of Rules and Policies: I have read and understand all above rules and policies put in place by JNM Entities LLC. conducting business at The Pride of Arkansas Cheer and Dance Academy, and agree to abide by them through the course of me and my families involvement with this program.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact: _____ Phone: _____

Relationship to Student: _____