

CALIFORNIA ALL STARS VIRTUAL TRAINING AGREEMENT

In consideration of Athlete's being able to participate in the Digital / Remote Training Program, I understand that I must be an existing California Allstars athlete and agree I, _____ (enter parent or guardian's name) assume the risks for participation, waive of liability, and remote training policies and procedures for

(Insert Minor Athletes full name), hereinafter "Athlete".

I understand that the program is voluntary and that Athlete's Remote Training will develop and guide exercise and tumbling coaching. If Athlete's condition or medical limitations should change, the athlete or athletes parent or guardian will notify the Coach immediately. I understand that it is recommended that Athlete has a yearly physical or more frequent physical examination and consultation with Athlete's physician as to physical activity and diet so Athlete is aware of what is appropriate for him/her. Athlete acknowledges that they have either had a physical exam and have been given their physician's permission to participate or I have decided to participate without approval of Athlete's physician.

I understand that while Athlete's Coach will review any disclosed medical limitations, Athlete's Coach is not a physician and cannot replace the advice and expertise of a physician.

I understand that Athlete has the complete right to stop or decrease exercise at any time during a session, and that it is Parent's obligation to notify physician or seek medical attention immediately if the Athlete develop any symptoms such as fatigue, shortness of breath or chest discomfort.

I realize that participation in the program includes but is not limited to exercising, use of exercise equipment and apparatus, and strenuous exertion (strength training) all of which increase heart rate and body temperature.

I understand that I am responsible for the care and maintenance of any and all the equipment that I choose to use in Athlete's training sessions.

I understand that I am responsible for choosing the space in which to interact remotely with Athlete's Coach and that Coach does not have the ability to assess Athlete's remote environment.

I understand that the activities performed in All-star Cheerleading involve certain risks, including but not limited to serious neck and spinal injuries resulting in complete or partial paralysis, concussion, heart attack, stroke or even death. Also, injuries could occur to bones, joints or muscles. Slips, falls, and unintended loss of balance could result in muscular, neurological, orthopedic or other bodily injury. I understand that part of the risk involved in undertaking any activity or program is relative to Athlete's own

state of fitness or health (physical, mental, or emotional) and to the awareness, care and skill which they conduct themselves in that activity or program.

Knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of possible death, which could occur by reason of Athlete's participation.

I do hereby waive, release and forever discharge to California Allstars and their employees, contractors and other affiliated persons, from any and all responsibilities or liability for any present and future injuries or damages resulting or arising from Athlete's participation in any activities including but not limited to tumbling, exercise, jumps, other unspecified training or use of the Trainee's equipment including any injuries and damages caused by the negligent act or omission of any of those persons or entities mentioned above.

I declare that I have read, understand and agree to the contents of this Training Agreement in its entirety. I understand that the Assumption of Risk, Waiver of Liability, and Training Policies and Procedures are intended to be as broad and inclusive as permitted by the State of California and agree that if any portion is held invalid, the remainder will continue in full force and effect.

Signature of Parent / Guardian: _____ Date: _____

Signature of Athlete: _____ Date: _____