



OREGON DREAM TEAMS

ATHLETE INFORMATION

Athlete's Full Name _____ Gender _____

Home Address _____

City _____ State _____ Zip _____

Participant's Phone Number (H) _____ (C) _____

Participant's Email Address _____

Date of Birth ____/____/____ Exact Age on August 31, 2013 _____

PARENT/GUARDIAN INFORMATION

Mother's Name _____

Mother's Phone (H) _____ (W) _____ (C) _____

Father's Name _____

Father's Phone (H) _____ (W) _____ (C) _____

PARENT PERMISSION, RELEASE, & ENROLLMENT POLICY FORM

Please read this form carefully and sign it. This document will be kept in your child's file.

(Participant's Name) _____ has my permission to try-out and or participate on Oregon Dream Teams, Oregon Dream Brands, LLC. (Throughout this contract will be referred to as ODT) and to participate in ODT events. I fully understand that I, myself, the parent/ guardian, and my son/daughter must abide by all rules and guidelines set forth by ODT on the ODT Rules & Guidelines Form, and that we have read, fully understand, and must abide by the ODT Rules & Guidelines.

RELEASE OF LIABILITY

- I understand that by the very nature of the activity, cheerleading training, gymnastics, trampoline, dance, and practice carries a risk of physical injury up to and including death. No matter how careful the cheerleader/gymnast and coach are; no matter how many spotters are used; no matter what height is used or what landing surface exists, the risk cannot be eliminated. Reduced, yes, but never eliminated.
- I understand that ODT staff members are not physicians or medical practitioners of any kind. I hereby give permission to the ODT staff to render temporary or basic first aid to my child(ren) or myself in the event of injury or illness. I agree to hold harmless ODT and its staff for any injury, whether such injury results from the negligence of ODT or its officers, agents, or staff, or some other cause, resulting from rendering temporary or basic first aid.
- I understand that by taking part in any ODT event, there is a possibility of injury or sickness to my daughter/son or to me (myself/advisor/coach/chaperone). In the event that I cannot be reached, I hereby authorize ODT and its employees, whether paid or volunteer, to give consent for my son/daughter to receive medical treatment including transportation by a ODT staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of paramedics or ambulance for said child should the ODT staff deem necessary. I do hereby grant permission to hospital staff members to administer immediate treatment to my child should she/he be injured, or to me (myself/advisor/coach/chaperone).
- I understand and affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, for both my child's protection and my own protection.
- I also agree to release and hold harmless ODT, its officers, and its staff, the event facility, and/or official hotel for any injury, whether such injury results from the negligence of ODT or its officers, agents or staff, or some other cause, as a result of my daughter's/son's participation or my (myself/advisor/coach/chaperone) participation in any ODT event.
- It is agreed that I, my spouse, child(ren), my heir(s), and executors, forever waive and release any and all rights and claims for damages, whether such damage, loss or injury results from the negligence of ODT or its officers agents or employee, or some other cause, that I, my spouse, my child(ren), or my heir(s), and executors may have at any time against the ODT Parents Association or its representatives, ODT or its representatives, shareholders, and staff whether paid or volunteer, for any injuries or damages in connection with the instructional or competitive programs or other activities related to ODT and/or any injuries or damages in connection with traveling/transporting to and/or from competitions, exhibitions, or prearranged outings. The risks involved with such activity are fully understood.

The prevailing party in any dispute arising under this agreement, or any appeal taken there from, shall be entitled to his or her reasonable attorneys fees and costs.

By signing below, I agree to the Parent Permission, Release of Liability, and Enrollment Policy, and the ODT Rules and Guidelines

Participant Signature _____ Date _____

Parent Signature _____ Date _____