



## STRIKE FORCE ALL STAR CHEER

# RELEASE, WAIVER, AND INDEMNITY AGREEMENT

This Release, Waiver, and Indemnity Agreement (the "Agreement") is made and entered into by the undersigned (the "Participant" and/or the Participant's Parent/Legal Guardian, hereinafter collectively referred to as "I" or "We") in favour of Strike Force All Star Cheer, its owners, directors, staff, volunteers, contractors, representatives, sponsors, and affiliates (hereinafter referred to as "Strike Force").

### 1. Acknowledgement and Assumption of Risk

I understand and acknowledge that cheerleading is a physically demanding sport involving rigorous activities that include but are not limited to stunting, tumbling, jumping, and dancing. These activities carry inherent risks of physical injury (ranging from minor to severe), property damage, and, in rare cases, permanent disability or death.

I voluntarily and knowingly assume all risks associated with participation in all aspects of the Strike Force programme, including classes, training sessions, camps, clinics, competitions (domestic and international), promotional activities, and travel.

### 2. Child Welfare and Protection

Strike Force All Star Cheer is fully committed to safeguarding all children and young people involved in our programme and to upholding the highest standards of child protection in line with the **Children First Act 2015** and **Children First: National Guidance for the Protection and Welfare of Children**. All children under the age of 18 participating in any aspect of Strike Force Cheerleading – including classes, camps, competitions, workshops, and events – are entitled to a safe, positive, and nurturing environment.

Any concern, disclosure, or observation relating to the welfare, safety, or protection of a child will be taken seriously and handled with care. Any such concern brought to the attention of a member of staff, coach, or volunteer will be recorded and reported without delay to the **Designated Liaison Person (DLP)** for Strike Force. Where appropriate, and in accordance with statutory obligations, the concern will be referred to **Tusla – the Child and Family Agency and/or An Garda Síochána**.

By signing this waiver, I acknowledge and accept Strike Force All Star Cheer's responsibility to report any child protection concerns in line with Irish legislation. I understand that confidentiality will be maintained at all times except where the best interests of the child or legal obligations require otherwise.

### 3. Medical Fitness and Consent

I certify that I / my child is in good physical and mental health and has not been advised against participating in physical activities by a medical professional. I grant Strike Force permission to seek emergency medical treatment for my child if necessary. I agree to bear full financial responsibility for any resulting medical expenses.

#### 4. Release of Liability

To the fullest extent permitted by law, I hereby release, waive, and discharge Strike Force from any and all liability, claims, demands, actions, or causes of action, present or future, arising out of or related to any injury, loss, or damage incurred during or in connection with the Activities, regardless of whether such loss is caused by the negligence (except gross negligence or willful misconduct) of Strike Force.

#### 5. Indemnity

I agree to indemnify and hold harmless Strike Force from any and all liabilities, losses, costs, or damages (including legal fees) arising from or in connection with (a) my / my child's participation in the Activities, and (b) any breach of this Agreement.

#### 6. Media Release

I grant Strike Force the right to use photographs, video, and/or likeness of me / my child for lawful promotional purposes, including social media, websites, and printed materials. I understand that I may opt out by contacting Strike Force in writing.

#### 7. Payment and Refund Policy

I acknowledge that tuition and other fees (including but not limited to competition, uniform, choreography, and travel costs) are non-refundable under any circumstances. I agree to adhere to the monthly payment schedule and understand that a €10 late fee applies for overdue payments.

#### 8. Absence and Attendance Policy

I understand and accept the terms of the Strike Force absence policy, including the designation of 'Red Zone' and 'Black Out Days', which require mandatory attendance. Repeated absences may result in dismissal from the team.

#### 9. Team Placement and Conduct

I acknowledge that team placement is at the sole discretion of Strike Force staff and based on ability, skill development, and team needs. I agree that respectful conduct is required at all times, including online. Any form of harassment, bullying, or negative social media behaviour is grounds for dismissal.

#### 10. Social Media & Branding Policy

I agree to adhere to Strike Force's social media guidelines, including refraining from sharing unauthorised content, creating unapproved pages, or duplicating Strike Force trademarks or branding without written permission.

#### 11. Gym Closures & Practice Cancellations

I understand that gym closures due to weather, government directives, or facility issues may occur and missed practices may be rescheduled if feasible. I acknowledge that Strike Force is not liable for such cancellations.

#### 12. GDPR & Data Protection Compliance

I consent to Strike Force collecting, storing, and processing personal data (including medical information, contact details, and photographs) in accordance with the General Data Protection Regulation (EU) 2016/679 (GDPR) and Irish data protection laws. I understand that I have the right to access, rectify, or request deletion of my personal data at any time.

## PARTICIPANTS/ATHLETE INFORMATION AND AGREEMENT

Participants Full Name:

Participants Date of Birth:

Participants Home Address:

Please list any medical needs/additional needs we should be aware of in relation to the participant.

Parent/Guardian Name:

Parent/Guardian DOB:

Parent/Guardian Contact Number:

Parent/Guardians Relationship to Participant:

Parent/Guardian Email Address:

In the event of a medical emergency and the main parent/guardian cannot be contacted, whom shall we contact.

Name:

Contact Number:

Relationship to participant:

### Acknowledgement:

By signing below, I acknowledge that I have read and fully understand this Agreement, and agree to be bound by its terms. I confirm that I am over 18 years of age or the parent/legal guardian of the Participant named below.

Signature: