



Planet Stunt, LLC
Participant Release and Waiver Form
 Valid March 1, 2009 – April 1, 2010

 Minor's Name

 Parent/Legal Guardian

 Organization Name

 Home Address

 Organization Address

 Home City, State, Zip

 Organization City, State, Zip

 Home Phone

Medical Release:

I, _____, in good consideration as parent or legal guardian of _____, a minor (hereinafter "Minor") acknowledge and agree that participation in Planet Stunt, LLC activities may subject Minor to possibility of physical illness or injury (minimal, serious or catastrophic) and that I, on my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in camp/classes. In the event of such illness or injury, I authorize Planet Stunt, LLC to obtain necessary medical treatment of Minor and hereby, on my own behalf and on behalf of Minor, release and hold harmless Planet Stunt, LLC, the Hosting site, on whose premise the courses will occur (hereinafter "Location") the affiliates of Planet Stunt, LLC and Location; the respective directors, officers, representatives, members, agents and employees (hereinafter "Releases") in the exercises of authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for illness or injury that Minor may sustain during the courses and while traveling to and from the site of the courses whether or not they actually occur.

I acknowledge that any medications to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall list below and bring medications which Minor is currently taking with him/her to the scheduled courses and that he/she shall consume the prescribed dosage for such medications (if applicable).

Medication (if any): _____

Allergies (if any): _____

I acknowledge that the Minor suffers from the following:

Family Doctor: _____ Phone: _____

Birthdate: _____ SS# (not required): _____

Insurance Company: _____

Medical Insurance Policy Number: _____

Emergency Contact:

Name: _____

Relationship: _____

Address: _____

Daytime Phone: _____ Evening/Cell Phone: _____



Media Release: I understand that Planet Stunt, LLC from time to time produces promotional material relating to its programs. I understand that as a participant and/or a spectator at the Camp, Clinic and/or Event that Minor/Adult may be included in videotapes or photographs taken during the Camp, Clinic and/or Event. Therefore, without reservation or limitations, I, on my own behalf and on behalf of Minor/Adult, hereby assign, transfer and grant to Planet Stunt, LLC, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape Minor/Adult and to utilize such videotapes and photographs and Minor's/Adult's name, face likeness, voice and appearance as a part of the Camp, Clinic and/or Event in advertising and promoting the Camp, Clinic and/or Event in advertising and promoting similar future events. I further understand that neither Planet Stunt, LLC nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

Liability Release: I, on behalf of myself and behalf of Minor, hereby grant permission necessary to allow minor to participate in courses conducted by Planet Stunt, LLC. I, on my own behalf and on behalf of Minor, further agree to release and to hold harmless Planet Stunt, LLC, Location and Releases from any and all liability whether caused by negligence of the Releases or otherwise for any claim arising out of or connected with any illness or injury (minimal, serious or catastrophic) that Minor may incur or sustain during the courses, all activities associated with the courses and while traveling to and from Location. I further agree to hold harmless Releases and Releaser's heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities, I further agree to reimburse and make good to Releases any loss or costs Releases may have to pay as a result of any such action, claim or demand.

Expectations: I acknowledge that Planet Stunt, LLC has communicated expectations pertaining to conduct, behavior and activities of all participants, by which Minor and I agree to abide by. The Minor and I will be responsible for his/her/my failure to abide by these regulations. Minor and I have received, read and understand the expectations. Minor and I understand that violation can result is dismissal with no refund.

- 1) Team members will show respect to Location and Releases at all times.
- 2) The use, consumption or possession of alcohol, tobacco or illegal substances is strictly prohibited.
- 3) Hazing is prohibited during and throughout days surrounding Planet Stunt Courses
- 4) Valuables should be left at home, Planet Stunt LLC is not responsible for lost or stolen items
- 5) Teams and stunt groups will follow safety guidelines explained by Releases.
- 6) Stunting and Tumbling will only be done while supervised.
- 7) Medical alerts and injuries should be brought to the attention of Releases immediately, and before medical attention is sought elsewhere.

I, on my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, on my own behalf and on behalf of Minor, am aware that this Waiver releases from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, on my own behalf and on behalf of Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the courses will occur. I, on my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

X _____

Signature of Parent or Legal Guardian

X _____ X _____

Date

Relationship to Minor

I, identified above as Minor, acknowledge that I have read this Release and Waiver form.

X _____

Signature of Minor

Date