



UKnight Training Center – Participant Waiver

4304 Metric Dr, Winter Park, FL 32792 * 407-679-6620 * UKnightTC@gmail.com * www.UKnightTrainingCenter.com

Athlete/Minor Participant’s Name: _____ DOB: _____ Phone: _____

Check one: __ Open Gym __ Clinic/Camp __ Birthday Party __ Other __ Gym Rental for: _____

Emergency Contact/Relationship: _____ Phone: _____

Release of Liability & Voluntary Assumption of Risk - I, _____ (Print name of Guardian or

Athlete age 18 or older), the Participant Athlete (age 18 or over) or the parent and/or legal guardian of the Minor Participant (the “Guardian”), as material consideration for _____ (print name of athlete) a participant under age of 18 (the

“Minor Participant” or the “Minor”), being allowed to participate in

Aerials/Cheerleading/Gymnastics/Tumbling/Karate/Volleyball/Basketball/Dance/Baseball and other athletic instruction, practice and competition (“Activity”) with the UKnight Cheer and Fitness LLC dba UKnight Training Center (from here on referred to as

UKnight Training Center) expressly and freely agrees as follows: 1. Guardian is allowing the Minor to participate in the Activity.

Guardian acknowledges that Guardian has authority to immediately terminate the Minor’s participation in the Activity if the

Guardian observes anything deemed unsafe and agrees to immediately alert the UKnight Training Center management of any such

observations. 2. The Athlete/Guardian represents that the Athlete/Minor is in good health and does not have any health or

mental/physical impairments or conditions that would be aggravated by participating in the Activity or that make such participation

unsafe or otherwise inappropriate for the Athlete/Minor, or other participants. Guardian further acknowledge and understand that the

Guardian will be responsible for any and all medical and related bills that may be incurred on behalf of the Athlete/Minor for any

illness or injury that the Athlete/Minor may sustain during or as a result of the Activity and while traveling to and from the site of

UKnight Training Center or any other sites for the Activity including but not limited to camps, clinics, competitions or and other

cheerleading or dance activity. 3. The Athlete/Guardian **WAIVES, RELEASES and FOREVER DISCHARGES** any and all

claims, liabilities, loss, demands, damages, costs, expenses, lawsuits, causes of action and judgments that he or she, the Minor, or any

other parent/guardian of the Minor now or hereafter may have or claim to have against UKnight Training Center and their respective

Owners, Subsidiary Companies, Insurers, Directors, Officers, Employees, Staff, Volunteers, Agents, Successors, Assigns, Alluvion

Celebration LLC and Quinco Electrical, Inc. (collectively, the “UKnight Training Center”) resulting from any Inherent Risk involved

with the Activity. The term “**INHERENT RISK**” shall mean those dangers or conditions, known or unknown, which are

characteristic of, intrinsic to, or an integral part of the Activity and which are not eliminated even if the Activity provider acts with

due care in a reasonably prudent manner. Examples of such **INHERENT RISKS** include, but are not limited to: sprains, strains,

cuts, bruises, broken bones or other physical injuries, including injury resulting from negligent or intentional acts of the Minor or

other minor participants and/or more serious injuries or illness. **INHERENT RISKS** additionally include a failure by the Activity

provider to warn Athlete/Guardian or Minor of a specific **INHERENT RISK**. Guardian acknowledges, understands, and appreciates

that there are **INHERENT RISKS** involved in the Activity. 4. Guardian **RELEASES and HOLDS** UKnight Training Center

HARMLESS from and against any claims, actions, damages, demands, costs, expenses (including attorneys’ fees) or lawsuits,

whether foreseen or unforeseen, present or future, known or unknown, that the Minor, the Athlete/Guardian, or any other parent/legal

guardian of the Minor may have or assert as arising from the **INHERENT RISKS** of the Activity, including those for personal

injuries, illness, death or damage to or loss of property. 5. In the event the Minor is injured while participating in the Activity or

under the supervision of UKnight Training Center, Guardian hereby authorizes UKnight Training Center and/or its employees to

obtain necessary medical treatment for the Minor This Waiver and Release is intended to be only as broad and inclusive as permitted

by Florida Statute Section 744.301. Any court interpreting this Waiver and Release shall construe the same as being only as broad

and inclusive as permitted by such statute. **NOTICE TO THE MINOR CHILD’S NATURAL GUARDIAN PURSUANT**

TO FLORIDA STATUTE SECTION 744.301. READ THIS FORM COMPLETELY AND CAREFULLY. YOU

ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS

ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE RELEASED PARTIES AND THEIR PARENTS

SUBSIDIARIES, INSURERS, DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS,

SUCCESSORS AND ASSIGNS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A

CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS

ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH

CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR

CHILD’S RIGHT AND YOUR RIGHT TO RECOVER FROM THE RELEASED PARTIES AND THEIR

PARENTS SUBSIDIARIES, INSURERS, DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS,

SUCCESSORS AND ASSIGNS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO

YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A

NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND

THE RELEASED PARTIES (AND ITS EMPLOYEES, VOLUNTEERS, AGENTS) HAS THE RIGHT TO

REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM. - I HAVE READ AND

UNDERSTAND THE FOREGOING WAIVER AND RELEASE AND ACCEPT AND AGREE TO ITS TERMS.

Signature: _____ Date: _____ Rev. 11/1/22

(Guardian/Athlete/Participant/age 18 or older) Printed Name of Minor Participant: _____ Printed Name of Guardian: _____