



# CUTTING EDGE ATHLETICS FIELD TRIP CONTRACT

44600 Romeo Plank Road  
Clinton Township, MI 48038  
1/4 Mile South of Hall Road (M-59)



Date of Field Trip: \_\_\_\_\_ Time (1 Hour): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone # \_\_\_\_\_

Name of Group requesting field trip: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_



CHECK 2 – 3 BOXES for the age groups attending in the 1 hour time slot that applies.

QTY 1-10 Walking Age – 5 year olds

QTY 1-10 6-18 year olds (School aged kids)

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QTY 1-10 6-18 year olds (School aged kids)

2 GROUPS (1-20 kids) = \$200

3 GROUPS (1-30 kids) = \$300

Waivers/Invitations are available at [www.cuttingedgeusa.com](http://www.cuttingedgeusa.com) (Parties & Fun)

Field Trips are arranged and priced by age groups. (We cannot mix the age groups together to form 1 group).

There is a minimum of 2 groups per 1 hour time slot and a maximum of 3 groups per 1 hour time slot.

\*Students ages 3 or under must be accompanied by an adult. \*No deposit required.

**CEA will contact you and confirm the day/time listed above. After this confirmation, I understand that I am responsible for paying for the number of groups selected even if fewer students attend than planned.** \*Allowances cannot be made for last minute changes as coaches have already committed their time.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use:

Department Leader Initials if above date/time is appropriate for coach availability Date: \_\_\_\_\_

Coach 1: \_\_\_\_\_ Coach 2: \_\_\_\_\_ Coach 3: \_\_\_\_\_

# CUTTING EDGE ATHLETICS RISK OF INJURY WAIVER

By signing this waiver, I understand that the below risk of injury description applies to all future event participation and/or class enrollments (per family) here at Cutting Edge Athletics.

As legal guardian of all of my student(s), I hereby consent to the all person(s) participating in this facility program. I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp, trampoline, stunting, pyramids, dance, gymnastics and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student and, in consideration for allowing my student to use these facilities, I hereby **COVENANT NOT TO SUE and FOREVER RELEASE** this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, and coaches involved in the this facility program, from all liability and for any and all damages and injuries suffered by my student during instruction, supervision, and/or control during any and all classes.

I, recognize that there are risks and hazards associated with the sports of gymnastics, tumbling, cheerleading and dance. I understand that my child(ren) may suffer severe or catastrophic injuries associated with these activities including permanent paralysis or death. Being fully aware of and appreciating the risks involved in these activities, I hereby consent for my child(ren) to participate in any and all Cutting Edge Athletics, L.L.C. classes, event, competitions and activities. I acknowledge that I have made my child(ren) aware of the possibility of such injuries. I **ACCEPT ALL RISKS** associated with my child(ren)'s participation in these activities. In consideration for my child(ren)'s participation, I hereby, for my child(ren) and their heirs and successors **PROMISE NOT TO SUE and FOREVER RELEASE**, Cutting Edge Athletics, L.L.C., its officers, directors, shareholders, employees, contractors and volunteers from liability resulting in damages or injuries incurred as a result of participation in the above referenced activities including those resulting from acts of negligence. I fully understand that Cutting Edge Athletics, L.L.C., staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby authorize Cutting Edge Athletics Staff to render first aid to my child(ren) in the event of an injury or illness and if deemed necessary by Cutting Edge Athletics, L.L.C., Staff, to seek medical help, including transportation by Cutting Edge Athletics, L.L.C. Staff or ambulance to a health care facility or hospital. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by my child(ren) as a result of any injury sustained while participating in activities with Cutting Edge Athletics, L.L.C. I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my child(ren)'s participation, I hereby grant my permission for my child(ren)'s likeness to be used in Cutting Edge Athletics, L.L.C., publicity or advertising. **PLEASE PRINT**

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

School that the child(ren) attends: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Check here if you have an existing CEA account

**Date:** \_\_\_\_\_



**Parent/Legal Guardian Signature:** \_\_\_\_\_