



Heat Athletic Center



Parents Night Out

- Available to children ages 5 and up
- Fridays: \$17/child per night – please select desired date(s)

- _____ October 23rd 6-9pm
- _____ November 20th 6-9pm
- _____ December 18th 6-9pm
- _____ January 22nd 6-9pm
- _____ February 19th 6-9pm



- Includes a slice of pizza, a beverage, and a dessert
- Location: W248N5250 Executive Dr. #100, Sussex (HWY 164 & HWY K)
- Contact: 262-264-0693 (or) info@heatcheer.com

All attendees must turn in a signed and completed waiver

Attendee Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent Name(s): _____ Phones: _____

Liability Waiver and Indemnity Agreement:

As conditions of the participation of the student described above (“my child”) in any of the programs conducted by HEAT Cheer including but not limited to tumbling, gymnastics, cheerleading, stunting whether conducted on or off the premises of HEAT Cheer, I agree to the following:

1. I waive any claim for bodily injury, personal injury or property damage against HEAT Cheer, its directors, employees, agents and insurers (collectively, “HEAT Cheer”), and any owners or lessors of the premises and any equipment used in connection with any programs of HEAT Cheer, arising out of our child’s participation in any of the programs of HEAT Cheer whether on or off HEAT Cheer premises, or travel for the purpose of participating in any such programs or events.
2. I understand that this waiver extends to injuries incurred by any member of my family, including my child identified above, any other family member, or myself.
3. This agreement shall remain in effect as long as and whenever our child participates in any activity at or with HEAT Cheer.
4. If this agreement is not effective to waive liability on behalf of our child, any other family member, or ourselves we further agree to indemnify HEAT Cheer for its liability including all costs, fees, and expenses incurred by HEAT Cheer in connection with such liability.

Authorization of Medical Care:

In case of illness or injury, if I cannot be reached, I authorize and desire medical care of my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

Please list any food allergies: _____

Parent Signature: _____ Date: _____