## GIVE A COPY OF THIS FORM TO EVERY PARTICIPANT LIABILITY RELEASE AND WAIVER FORM

Every participant must have an original, completed and signed release form to turn in at registration at the door in order to participate

Minor's Name	Name of Parent or Legal Guardian
Address	School /Team Name
City, State, Zip	Division
Daytime Phone Number ()	Event Location
Evening Phone Number ()	Event Date Cheer [ ] Dance [ ]
Liability Release: For good and valuable consideration, the receipt and sufficiency of guardian of	or"), hereby grant the permission necessary to allow Minor to participate in the above and on behalf of Minor, further agree to release and to hold harmless Varsity Spirit, hotel, convention center, high school) on whose premises the Event will occur Cheerleading Championships, Inc., a not for profit corporation ("NHSCC"), U.S. All Cheerleading Coaches and Administrators, Inc., a not for profit corporation demployees of the preceding parties (hereinafter collectively "Releasees") from any m, judgment, loss, liability, cost and expenses (including, without limitations, a arising out of or connected with any illness or injury (minimal, serious, catastrophic d with the Event and while traveling to and from the site for the Event whether or not asees and Releasees' heirs, successors, assigns, executors and administrators against Minor or by any other persons on the account of damages of any character resulting to be good to Releasees any loss or costs Releasees may have to pay as a result of any ty Release in its entirety and fully understand its contents. I, in my own behalf and on and contains an acknowledgement of my voluntary and knowing assumption of the risk
of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge the in my own behalf and on behalf of Minor, have signed this document voluntarily and of	my own free will.
Signature of Parent or Legal Guardian: X	
<b>Supervision:</b> A chaperone/Adult (age 21 and over) is required to attend with participan are not responsible for participants' supervision.	ts. This Chaperone will be responsible for the participants at all times. The Releasees
Appearance Agreement: I understand that as participant and/ or a spectator at the Event photographs taken during the Event. Therefore, without reservation or limitations, I, in respirit, its successors, assignees, licensees, sponsors, any television networks, and all oth and to utilize such videotapes and photographs and Minor's name, face likeness, voice a developed, in advertising and promoting the Event, in advertising and promoting similar other use or purpose whatsoever without reservations and limitations. I further unders any of the foregoing rights, licenses and privileges herein granted. I waive any right to	my own behalf and on behalf of Minor, hereby assign, transfer and grant to Varsity her commercial exhibitors the exclusive right to photograph and / or videotape Minor and appearance as a part of the Event or in any other media now in existence or hereafter future events or in advertising and promotions relating to Varsity Spirit, and for any stand that neither Varsity Spirit nor any third party is under any obligation to exercise
Medical Release: I, in my own behalf and on behalf of Minor, acknowledge and agree mal, serious, catastrophic and/ or death) and that I, in my own behalf and on behalf of M pating in the Event. In the event of such illness or injury, I authorize Varsity Spirit to ol of Minor, release and hold harmless Releasees in the exercises of this authority. I further related bills that may be incurred on behalf of Minor for any illness or injury that Minor whether or not the Event actually occurs.	Minor, acknowledge that Minor is assuming the risk of such illness or injury by partici- btain necessary medical treatment for Minor and hereby, in my own behalf and on behal er acknowledge and understand that I will be responsible for any and all medical and r may sustain during the Event and while traveling to and from the site for the Event
I represent that any medication to which Minor is allergic or medications that Minor is a Minor is currently taking with him / her to the Event and that he / she shall consume the	
Medications (if any):	
Allergic to (if any):	
I acknowledge that the Minor suffers from the following conditions:	
I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Particip myown behalf and on behalf of Minor, am aware that this Participant Release and Waive volun-tary and knowing assumption of the risk of injury or illness. I, in my own behalf and Waiver Form constitutes a guarantee that the Event will occur. I, in my own behalf a Minor and I understand that Sponsors may distribute samples of their products at the Event will occur.	er Form releases Releasees from liability and contains an acknowledgement of my and on behalf of Minor, further acknowledge that nothing in this Participant Release nd on behalf of Minor, have signed this document voluntarily and of my own free will.
Signature of Parent or Legal Guardian: X	Date:
Relationship to Minor:	
	Minor Birthdate:
I, identified above as Minor, acknowledge that I have read this Release and Waiver form	1.
Signature of Minor: X	Date:

Regional, Invitational As of 11/5/18