

NCA & NDA CHAMPIONSHIP RELEASE AND WAIVER – ADULT

Every Advisor/Coach/Chaperone must turn in this completed and signed form at the designated check-in/registration area. ALL areas must be completed. *Please photocopy and distribute to each adult attending the event. Coach must retain a photocopy of each completed form for his/her records.*

_____ Name	_____ School/Gym Name	_____ Name of Event
_____ Address	_____ School/Gym Address	_____ City, State of Event
_____ City, State & Zip (_____)	_____ School/Gym City, State, & Zip (_____)	_____ Event Dates
_____ Cell Phone Number	_____ School/Gym Phone Number	<input type="checkbox"/> Check here if you are the Advisor/Coach
_____ Email Address	Squad Type: <input type="checkbox"/> CHEER <input type="checkbox"/> DANCE	<input type="checkbox"/> Check here if you are a Chaperone
<input type="checkbox"/> Yes, you have my permission to send me updates/newsletters from Varsity!		<input type="checkbox"/> Check here if you are 21 or older
		<input type="checkbox"/> Check here if you are employed by the school or school district.

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I agree to participate in the above ("Event") to be conducted by Varsity Spirit LLC ("Varsity Spirit") d/b/a National Cheerleaders Association (NCA) and/or d/b/a National Dance Alliance (NDA.) I further agree to release and to hold harmless Varsity Spirit, Varsity Spirit's corporate sponsors (hereinafter "Sponsors"), the hosting Site, (university, hotel, convention center, high school) on whose premises the Event will occur (hereinafter the "Location") the affiliates of Varsity Spirit, and the respective directors, officers, representatives, members, agents and employees of US All Star Federation, Inc., a non for profit corporation ("USASF"), American Association of Cheerleading Coaches and Administrators, Inc., a not for profit corporation ("AACCA") (hereinafter collectively "Releasees") from any and all liability, whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that I may incur or sustain during the Event, all activities associated with the Event and while traveling to and from the site for the Event whether or not the Event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by me or by any other persons on the account of damages of any character resulting to me in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, or costs Releasees may have to pay as a result of any such action, claim, or demand.

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

Signature of Adult: _____ Date: _____

Medical Release. I acknowledge and agree that such participation subjects me to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I acknowledge that I am assuming the risk of such illness or injury by participating in the event. In the event of such illness or injury, I authorize Varsity Spirit to obtain necessary medical treatment for me and hereby release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that I may sustain during the Event and while traveling to and from the site for the Event whether or not the Event actually occurs.

Appearance Agreement. I understand that as a participant and/or a spectator at the Event, I may be included in videotapes, photographs, DVDs, podcasts, and videocasts taken during the Event. Therefore, without reservation or limitations, I hereby assign, transfer and grant to Varsity Spirit, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape me and to utilize such videotapes and photographs and my name, face, likeness, voice and appearance as a part of the Event, in advertising and promoting the Event or in advertising and promoting similar future events or in advertising and promotions related to Varsity Spirit, and for any other use or purpose whatsoever, without reservations and limitations. I further understand that neither Varsity Spirit nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. I waive any right to inspect or approve any materials related thereto.

Third Party Agreement. I understand that Varsity Spirit d/b/a NCA and/or NDA from time to time disclose participants/coach information to third parties who agree to the confidential nature of the information.

Supervision. A Chaperone/Adult (age 21 or older) is required to attend with participants. This Chaperone will be responsible for the participants at all times including but not limited to swimming, beach activity, cheer/dance practice outside of Event, free time at Event site or hotel. **The Releasees are not responsible for participants' supervision.**

Event Rules. I further acknowledge and understand that Varsity Spirit has established rules and regulations pertaining to conduct, behavior and activities of all Event participants by which I agree to abide during the Event (copy of which is listed on the back of this form), and that I will be responsible for my failure to abide by those rules and regulations. I have received, read and understand the Event rules. I understand that violation of the rules can result in dismissal from Event with no refund. I understand that Sponsors may distribute samples of their products at Event.

Insurance Information. The following is REQUIRED for participation.

Insurance Company: _____

Insurance Company Address: _____

Medical Insurance Policy/Group Number - REQUIRED: _____ Insurance Company Phone # : _____ - _____ - _____

Emergency Information:

Name to contact: _____ Emergency Contact Address: _____

City, State, Zip: _____ Cell Phone Number: (_____) _____

Daytime Telephone: (_____) _____ Evening Telephone: (_____) _____

I represent that any medication to which I am allergic or medications that I am currently taking are listed below. I agree that I shall bring medications which I am currently taking with me to the Event and that I shall consume the prescribed dosage for such medications. **Varsity Spirit will not administer or supply any type of medication at Event.**

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that I suffer from the following conditions: _____

Family Doctor: _____ Phone Number: (_____) _____ Your Birthdate: ____/____/____

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

Signature of Adult: _____

Date: _____

Witness Signature: _____ Address _____ Date: _____

SAFETY, COMPLIANCE, AND SPORTSMANSHIP.

1. I understand that cheerleading/dance is an athletic activity, which requires proper training and supervision.
2. I understand it is my ethical duty to put the interest and safety of my athletes first, and not to put cheerleaders/dancers at unnecessary risk.
3. I agree to follow all safety and performance guidelines both by the letter and spirit of the rule.
4. I agree to abide by the eligibility stipulations for divisions as determined by NCA & NDA. I understand that if a violation is reported, I may be required to supply eligibility verification to event officials.
5. I will accept all judges' rulings as final.
6. I will support the Championship outcome and represent my program with integrity.
7. I understand my position as a role model for my team and will conduct myself in a professional manner.
8. I will display good sportsmanship and require the same of my cheerleaders/dancers.

NO TELEPHOTO LENSES

1. Because we take the safety and security of our participants seriously, our policy is to protect your privacy and that of all participants.
2. Audience use of telephoto lenses will not be allowed.
3. Unauthorized users of such equipment will be escorted from our events.
4. I acknowledge that I will communicate this information to all parents and supporters of participants from the school/gym I represent at this event.

Signature of Adult: _____

Date: _____

