

GIVE A COPY OF THIS FORM TO EVERY COACH OR ADULT PARTICIPANT LIABILITY RELEASE AND WAIVER FORM

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

Adult's Name _____ School /Team Name _____
Address _____ Division _____
City, State, Zip _____ Event Location _____
Daytime Phone Number (_____) _____ Event Date _____ Cheer [] Dance []
Evening Phone Number (_____) _____

Liability Release: For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, hereby grant the permission necessary to allow myself to participate in the above ("Event") to be conducted by Varsity Spirit LLC ("Varsity Spirit"). 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 and brands of Varsity Spirit, the National High School Cheerleading Championships, Inc., a not for profit corporation ("NHSCC"), U.S. All Star Federation, Inc., a not for profit corporation ("USASF"), USA Cheer, a not for profit corporation ("USA Cheer") and the respective directors, officers, representatives, members, agents and employees of the preceding parties (hereinafter collectively "Releasees") from any and all liability whether caused by 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 X _____ **Date:** _____

Supervision: A chaperone/Adult (age 21 and over) is required to attend with minors. This Chaperone will be responsible for the minors at all times. The Releasees are not responsible for minors' supervision.

Appearance Agreement: I understand that as a participant/coach at the Event that I may be included in videotapes, dvd's, pod casts and video casts or photographs 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 or in any other media now in existence or hereafter developed, in advertising and promoting the Event, in advertising and promoting similar future events or in advertising and promotions relating 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 herein granted. I waive any right to inspect or approve any materials related thereto.

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 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 on behalf of 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.

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.

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that I suffer from the following conditions: _____

I hereby warrant that I have read this Release and Waiver Form in its entirety and fully understand its contents. I am aware that this 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 Release and Waiver Form constitutes a guarantee that the Event will occur. I have signed this document voluntarily and of my own free will. I understand that Sponsors may distribute samples of their products at the Event.

Signature X _____ **Date:** _____