UNITED SPIRIT ASSOCIATION PARTICIPANT RELEASE AND WAIVER FORM GIVE A COPY OF THIS FORM TO EVERY PARTICIPANT

Every participant must have a completed and signed release form to turn in at registration at the door in order to participate.

Please use blue ink. Photocopies will not be accepted.

Minor's Name	Name of Parent or Legal Guardian	
Address	School /Team Name	
City, State, Zip	Division	
Phone Number ()	Event Location	
Email	Event Date	Cheer [] Dance []
Liability Release: For good and valuable consideration, the receipt and su legal guardian of	(hereinafter "Minor"), hereby grant the permission nenited Spirit Association ("USA"). I, in my own behalf a lors (hereinafter "Sponsors"), the hosting site, (universitates of Varsity Spirit, the National High School Chee corporation ("USASF"), American Association of Chee corporation ("USASF"), American Association of Chee corporation ("USASF"), agents and employees of ence of the Releasees or otherwise for any claim, judinnected with the Event, including any claim arising out ain during the Event, all activities associated with the style agree to indemnify and hold harmless Releasees as so actions that may subsequently be brought by Mining activities. I further agree to reimburse and to make add. this Liability Release in its entirety and fully understare am liability and contains an acknowledgement of my vicknowledge that nothing in this Liability Release consistence.	cessary to allow Minor to participate in the and on behalf of Minor, further agree to ity, hotel, convention center, high school/rleading Championships, Inc., a not for rleading Coaches and Administrators, Inc. the proceeding parties (hereinafter gment, loss, liability, cost and expenses at of or connected with any illness or injury Event and while traveling to and from the lind Releasees' heirs, successors, assigns or or by any other persons on the account good to Releasees any loss or costs and its contents. I, in my own behalf and on coluntary and knowing assumption of the
occur. I, in my own behalf and on behalf of Minor, have signed this docume	, ,	
Signature of Parent or Legal Guardian: Supervision: A chaperone/Adult (age 21 and over) is required to attend with Releasees are not responsible for participants' supervision.		or the participants at all times. The
Appearance Agreement: I understand that as participant and/ or a spectal photographs taken during the Event. Therefore, without reservation or limits Spirit, its successors, assignees, licensees, sponsors, any television networ Minor and to utilize such videotapes and photographs and Minor's name, far or hereafter developed, in advertising and promoting the Event, in advertising and for any other use or purpose whatsoever without reservations and limits to exercise any of the foregoing rights, licenses and privileges herein granter	ations, I, in my own behalf and on behalf of Minor, he rks, and all other commercial exhibitors the exclusive ce likeness, voice and appearance as a part of the Eng and promoting similar future events or in advertising ations. I further understand that neither Varsity Spirit	reby assign, transfer and grant to Varsity right to photograph and / or videotape vent or in any other media now in existency and promotions relating to Varsity Spirinor any third party is under any obligation
Medical Release: I, in my own behalf and on behalf of Minor, acknowledge (minimal, serious, catastrophic and/ or death) and that I, in my own behalf a participating in the Event. In the event of such illness or injury, I authorize to on behalf of Minor, release and hold harmless Releasees in the exercises of medical and related bills that may be incurred on behalf of Minor for any illness that the Event whether or not the Event actually occurs.	and on behalf of Minor, acknowledge that Minor is ass Varsity Spirit to obtain necessary medical treatment for If this authority. I further acknowledge and understan	uming the risk of such illness or injury by or Minor and hereby, in my own behalf and d that I will be responsible for any and all
I represent that any medication to which Minor is allergic or medications that Minor is currently taking with him / her to the Event and that he / she shall contains the shall contain the shal		
Medications (if any):	Allergies (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 to own behalf and on behalf of Minor, am aware that this Liability Release and voluntary and knowing assumption of the risk of injury or illness. I, in my own Waiver Form constitutes a guarantee that the Event will occur. I, in my own Minor and I understand that Sponsors may distribute samples of their produ	Waiver Form releases Releasees from liability and on the behalf and on behalf of Minor, further acknowledge behalf and on behalf of Minor, have signed this docu	ontains an acknowledgement of my that nothing in this Liability Release and
Signature of Parent or Legal Guardian:	Date:	
Relationship to Minor	Minor Birthdate	
I, identified above as Minor, acknowledge that I have read this Release and	Waiver form.	
Signature of Minor:	Date:	