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

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 sufficie legal guardian of	ereinafter "Minor"), hereby grant the permission ned Spirit Association ("USA"). I, in my own behalf a (hereinafter "Sponsors"), the hosting site, (universion of Varsity Spirit, the National High School Cheerlead ("USASF"), American Association of Cheerleadin tatives, members, agents and employees of the preases or otherwise for any claim, judgment, loss, he Event, including any claim arising out of or confevent, all activities associated with the Event and emnify and hold harmless Releasees and Release at may subsequently be brought by Minor or by an other agree to reimburse and to make good to Release in its entirety and fully understantiability Release in its entirety and fully understantiability and contains an acknowledgement of my verted that nothing in this Liability Release constituted.	cessary to allow Minor to participate in the nd on behalf of Minor, further agree to ity, hotel, convention center, high school) of ding Championships, Inc., a not for profit on Coaches and Administrators, Inc., a not roceeding parties (hereinafter collectively liability, cost and expenses (including, nected with any illness or injury (minimal, while traveling to and from the site for the es' heirs, successors, assigns, executors y other persons on the account of damage easees any loss or costs Releasees may and its contents. I, in my own behalf and on coluntary and knowing assumption of the ris
in my own behalf and on behalf of Minor, have signed this document voluntarily  Signature of Parent or Legal Guardian:	•	
Supervision: A chaperone/Adult (age 21 and over) is required to attend with particle and over) is required to attend with particle and over a responsible for particle and over a supervision.  Appearance Agreement: I understand that as particle and or a spectator a photographs taken during the Event. Therefore, without reservation or limitation Spirit, its successors, assignees, licensees, sponsors, any television networks, a and to utilize such videotapes and photographs and Minor's name, face likeness thereafter developed, in advertising and promoting the Event, in advertising and and for any other use or purpose whatsoever without reservations and limitation exercise any of the foregoing rights, licenses and privileges herein granted. I was	at the Event that Minor may be included in videota ns, I, in my own behalf and on behalf of Minor, her and all other commercial exhibitors the exclusive as, voice and appearance as a part of the Event or promoting similar future events or in advertising ans. I further understand that neither Varsity Spirit	pes, dvds, podcasts and videocasts or reby assign, transfer and grant to Varsity right to photograph and / or videotape Mino in any other media now in existence or and promotions relating to Varsity Spirit, nor any third party is under any obligation t
Medical Release: I, in my own behalf and on behalf of Minor, acknowledge and (minimal, serious, catastrophic and/ or death) and that I, in my own behalf and oparticipating in the Event. In the event of such illness or injury, I authorize Varsion behalf of Minor, release and hold harmless Releasees in the exercises of this medical and related bills that may be incurred on behalf of Minor for any illness the Event whether or not the Event actually occurs.	on behalf of Minor, acknowledge that Minor is assi ity Spirit to obtain necessary medical treatment fo is authority. I further acknowledge and understand	uming the risk of such illness or injury by r 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 Min Minor is currently taking with him / her to the Event and that he / she shall consu	, ,	at Minor shall bring medications which
Medications (if any):	Allergies (if any):	
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 own behalf and on behalf of Minor, am aware that this Liability Release and Waivoluntary and knowing assumption of the risk of injury or illness. I, in my own be Waiver Form constitutes a guarantee that the Event will occur. I, in my own behalinor and I understand that Sponsors may distribute samples of their products a	aiver Form releases Releasees from liability and control in the properties of Minor, further acknowledge that and on behalf of Minor, have signed this docur	ontains an acknowledgement of my that nothing in this Liability Release and
Signature of Parent or Legal Guardian:	Date:	
Relationship to Minor		

Date: \_\_\_

Signature of Minor: \_\_\_