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	-	
City, State, Zip	Division	
Phone Number ()	Event Location	
Email	Event Date	
Liability Release: For good and valuable consideration, the receipt and sufficie legal guardian of	sinafter "Minor"), hereby grant the permission necessal Spirit Association ("USA"). I, in my own behalf and on lereinafter "Sponsors"), the hosting site, (university, ho of Varsity Spirit, the National High School Cheerleadin ration ("USASF"), USA Federation for Sport Cheering, and employees of the proceeding parties (hereinafter iny claim, judgment, loss, liability, cost and expenses (ny claim arising out of or connected with any illness or lociated with the Event and while traveling to and from ss Releasees and Releasees' heirs, successors, assign be brought by Minor or by any other persons on the actiourse and to make good to Releasees any loss or costiliability Release in its entirety and fully understand its obility and contains an acknowledgement of my volunta Medge that nothing in this Liability Release constitutes	ry to allow Minor to participate in the behalf of Minor, further agree to tel, convention center, high school) of Championships, Inc., a not for a not for profit corporation ("USA collectively "Releasees") from any including, without limitations, injury (minimal, serious, catastrophic the site for the Event whether or not gns, executors and administrators exount of damages of any character at Releasees may have to pay as a contents. I, in my own behalf and on ry and knowing assumption of the
occur. I, in my own behalf and on behalf of Minor, have signed this document vo	, ,	·
Signature of Parent or Legal Guardian:	Date:	
Supervision: A chaperone/Adult (age 21 and over) is required to attend with pa Releasees are not responsible for participants' supervision. Appearance Agreement: I understand that as participant and/ or a spectator at photographs taken during the Event. Therefore, without reservation or limitations Spirit, its successors, assignees, licensees, sponsors, any television networks, a	the Event that Minor may be included in videotapes, o	dvds, podcasts and videocasts or sign, transfer and grant to Varsity
Minor and to utilize such videotapes and photographs and Minor's name, face lik or hereafter developed, in advertising and promoting the Event, in advertising an and for any other use or purpose whatsoever without reservations and limitations to exercise any of the foregoing rights, licenses and privileges herein granted. I	eness, voice and appearance as a part of the Event or d promoting similar future events or in advertising and s. I further understand that neither Varsity Spirit nor an	r in any other media now in existence promotions relating to Varsity Spirit by third party is under any obligation
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 or participating in the Event. In the event of such illness or injury, I authorize Varsit on 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 of the Event whether or not the Event actually occurs.	n behalf of Minor, acknowledge that Minor is assuming y Spirit to obtain necessary medical treatment for Mino authority. I further acknowledge and understand that	the risk of such illness or injury by or and hereby, in my own behalf and 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		or shall bring medications which
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 this L own behalf and on behalf of Minor, am aware that this Liability Release and Waiv voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf waiver Form constitutes a guarantee that the Event will occur. I, in my own behalf in and I understand that Sponsors may distribute samples of their products a	ver Form releases Releasees from liability and contains nalf and on behalf of Minor, further acknowledge that n Ilf and on behalf of Minor, have signed this document v	s an acknowledgement of my othing 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 Waiv		
Signature of Minor:	Date:	