2023 USA JUNIOR NATIONALS PARTICIPANT LIABILITY RELEASE AND WAIVER FORM

To be completed by all PARTICIPANTS (including COACHES/ADVISORS) This form is due in the USA office by JANUARY 13, 2023. Please do not fax or scan this form.

Every participant (coaches and advisors) must have submitted a completed, original, and signed release form to participate.

Name/Minor's Name	Name of Parent or Legal Guardian		
Address	City, State Zip		
Phone Number ()	Event Location:	Anaheim Convention Center	Event Date: February 26, 2023
School /Team Name	Division		Cheer [ ] Dance [ ]
Liability Release: For good and valuable consideration, the receipt and sufficiency of which of	nission necessary to te Liability Release a r injury (minimal, se ing in the Event ar (s), subsidiaries, a ch the Event is bei corporation ("NHS officers, representa easees or otherwise sing out of or conne ile traveling to and hify and hold harmle t by me and/or Mine	o allow me and/or Minor to participate nd Waiver Form. I, on my own beha vious, catastrophic and/ or death) at d assume full responsibility for my, nd corporate sponsors ("Sponsors), ng conducted if all or any part of the CC"), U.S. All Star Federation, Inc., a titves, members, agents and employ to for any claim, judgment, loss, liabilicated with any illness or injury (minir from the site for the Event or any ot ass Releasees and Releasees' heirs or by any other persons on accour	in the above camp/event If and/or on behalf of Minor, acknowledge and agree and that I, on my own behalf and/or on behalf and/or on the hosting site (university, hotel, convention center, Event is conducted virtually, the affiliates and brands not for profit corporation ("USASF"), USA Federation rees of the preceding parties (hereinafter collectively ty, cost and expenses (including, without limitations, mal, serious, catastrophic and / or death) that I and/or her location from which I and/or Minor is participating s, successors, assigns, executors and administrators at of damages of any character resulting to me and/or
<b>Supervision:</b> An adult (age 21 and over) is required to attend the Event with participants. Th supervision.	is adult will be resp	onsible for the participants at all times	s. The Releasees are not responsible for participants
Appearance Agreement: I understand that as a participant and/ or spectator at the Event to videocasts taken during the Event. Therefore, without reservation or limitations, I, on my consuccessors, assignees, licensees, sponsors, any television networks, and all other commovideotapes and photographs and my and/or Minor's name, image, face, likeness, voice an similar future events, or in advertising and promotions relating to Releasees, in any media not I further understand that neither Varsity Spirit nor any third party is under any obligation to approve any materials related thereto.	own behalf and/or of ercial exhibitors the d appearance as a low in existence or	on behalf of Minor, hereby irrevocabe e exclusive right to photograph an part of the Event, in advertising an hereafter developed, without further	ly assign, transfer and grant to Releasees and their d/or videotape me and/or Minor and to utilize such d promoting the Event, in advertising and promoting compensation and without reservations or limitations.
<b>Event Rules:</b> I further acknowledge and understand that Varsity Spirit has established rules and/or on behalf of Minor acknowledge that I have received, read and understand the Even for my/his/her failure to abide by those rules and regulations. I, on my own behalf and/or on	t rules, by which I	and/or Minor agree to abide during t	he Event, and that I and/or Minor will be responsible
Medical Release: I, on my own behalf and/or on behalf of Minor, acknowledge and agree serious, catastrophic and/ or death) and that I, on my own behalf and/or on behalf of Minor, the event of illness or injury of myself and/or Minor, I authorize Varsity Spirit to obtain near release and hold harmless Releasees in the exercise of this authority. I further acknowledge behalf of me and/or Minor for any illness or injury that I and/or Minor may sustain during the participating in the Event, whether or not the Event actually occurs. I represent that any medication to which I and/or Minor is allergic or medications that I and/or Minor is currently taking to the Event and shall consume the prescribed dosage for such medications.	acknowledge that I essary medical tre e and understand the Event and while or Minor is currently	and/or Minor is assuming the risk of atment for me and/or Minor and he that I will be responsible for any and traveling to and from the site for th	such illness or injury by participating in the Event. In reby I, on my own behalf and/or on behalf of Minor, all medical and related bills that may be incurred on a Event or the location from which I and/or Minor is
Medications (if any):	Allergic to (if any):		
Health Insurance Provider: Policy Number: _		Policy Holder Name:	
I acknowledge that I and/or Minor suffers from the following condition(s):			
COVID-19 Assumption of Risk and Release: On behalf of myself and/or Minor, I acknow masks, unless required to do so by state or local guidelines, in order to participate or attend of myself and/or Minor, by participating and/or allowing Minor to participate, and by signing risks, responsibility and liability concerning my and/or Minor's health and safety and possib to release and to hold harmless Releasees, from any and all liability, whether caused by ne without limitations, attorney's fees and costs) arising out of or associated with my and/or MI, ON MY OWN BEHALF AND/OR ON BEHALF OF MINOR, HEREBY WARRANT THA	the Event, and that this Participant R le exposure to CO' gligence of the Rel inor's participation  T I HAVE READ T	t certain risks associated with expose elease and Waiver Form, I, on my or /ID-19 in connection with the Event. easees or otherwise, for any claim, ju at the Event and my and/or Minor's HIS PARTICIPANT RELEASE AND	sure to COVID-19 may exist at the Event. On behalt wn behalf and/or on behalf of Minor, am assuming all I, on my own behalf and/or on behalf of Minor, agree udgment, loss, liability, cost and expenses (including, possible exposure to COVID-19.  O WAIVER FORM IN ITS ENTIRETY AND FULLY
UNDERSTAND ITS CONTENTS. I, ON MY OWN BEHALF AND/OR ON BEHALF OF MI FROM LIABILITY AND CONTAINS AN ACKNOWLEDGEMENT OF MY VOLUNTARY AN ON BEHALF OF MINOR, FURTHER ACKNOWLEDGE THAT NOTHING IN THIS PARTICI I, ON MY OWN BEHALF AND/OR ON BEHALF OF MINOR, HAVE SIGNED THIS DOCUM	D KNOWING ASS PANT RELEASE A	UMPTION OF THE RISK OF INJUF ND WAIVER FORM CONSTITUTES	RY OR ILLNESS. I, ON MY OWN BEHALF AND/OR
Signature/Signature of Parent or Legal Guardian: X		Date:	
Relationship to Minor:		Minor Birthdate:	

Nationals 2023 As of 10/18/2022