## 2023 USA SPIRIT 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 24 - 26, 2023
School /Team Name	Division Cheer [ ] Dance [ ]

Liability Release: For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, on my own behalf and/or on behalf

Supervision: An adult (age 21 and over) is required to attend the Event with participants. This adult will be responsible for the participants at all times. The Releasees are not responsible for participants' supervision.

Appearance Agreement: I understand that as a participant and/ or spectator at the Event that I and/or Minor may be included in recordings, streaming, videotapes, photographs, DVDs, podcasts and videocasts taken during the Event. Therefore, without reservation or limitations, I, on my own behalf and/or on behalf of Minor, hereby irrevocably assign, transfer and grant to Releasees and their successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape me and/or Minor and to utilize such videotapes and photographs and my and/or Minor's name, image, face, likeness, voice and appearance as a part of the Event, in advertising and promoting the Event, in advertising and promoting similar future events, or in advertising and promotions relating to Releasees, in any media now in existence or hereafter developed, without further compensation and without reservations or 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.

Event Rules: I further acknowledge and understand that Varsity Spirit has established rules and regulations pertaining to conduct, behavior and activities of all Event participants. I, on my own behalf and/or on behalf of Minor acknowledge that I have received, read and understand the Event rules, by which I and/or Minor agree to abide during the Event, and that I and/or Minor will be responsible for my/his/her failure to abide by those rules and regulations. I, on my own behalf and/or on behalf of Minor understand that violation of the rules can result in dismissal from the Event with no refund.

Medical Release: I, on my own behalf and/or on behalf of Minor, acknowledge and agree that participation in the Event subjects me and/or Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, on my own behalf and/or on behalf of Minor, acknowledge that I and/or Minor is assuming the risk of such illness or injury by participating in the Event. In the event of illness or injury of myself and/or Minor, I authorize Varsity Spirit to obtain necessary medical treatment for me and/or Minor and hereby I, on my own behalf and/or on behalf of Minor, release and hold harmless Releasees in the exercise 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 and/or Minor for any illness or injury that I and/or Minor may sustain during the Event and while traveling to and from the site for the Event or the location from which I and/or Minor is 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 are listed below. I agree that I and/or Minor shall bring medications which I and/or Minor is currently taking to the Event and shall consume the prescribed dosage for such medications.

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 acknowledge that I am aware that participants are not required to prove immunization against COVID-19 or to wear masks, unless required to do so by state or local guidelines, in order to participate or attend the Event, and that certain risks associated with exposure to COVID-19 may exist at the Event. On behalf of myself and/or Minor, by participating and/or allowing Minor to participate, and by signing this Participant Release and Waiver Form, I, on my own behalf and/or on behalf of Minor, am assuming all risks, responsibility and liability concerning my and/or Minor's health and safety and possible exposure to COVID-19 in connection with the Event. I, on my own behalf and/or on behalf of Minor, agree to release and to hold harmless 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 associated with my and/or Minor's participation at the Event and my and/or Minor's possible exposure to COVID-19.

I, ON MY OWN BEHALF AND/OR ON BEHALF OF MINOR, HEREBY WARRANT THAT I HAVE READ THIS PARTICIPANT RELEASE AND WAIVER FORM IN ITS ENTIRETY AND FULLY UNDERSTAND ITS CONTENTS. I, ON MY OWN BEHALF AND/OR ON BEHALF OF MINOR AM AWARE THAT THIS PARTICIPANT 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, ON MY OWN BEHALF AND/OR ON BEHALF OF MINOR, FURTHER ACKNOWLEDGE THAT NOTHING IN THIS PARTICIPANT RELEASE AND WAIVER FORM CONSTITUTES A GUARANTEE THAT THE EVENT WILL OCCUR. I, ON MY OWN BEHALF AND/OR ON BEHALF OF MINOR, HAVE SIGNED THIS DOCUMENT VOLUNTARILY AND OF MY OWN FREE WILL.

Signature/Signature of Parent or Legal Guardian: X	Date:
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Relationship to Minor:	Minor Birthdate:

Nationals 2023