



Release and Waiver Form 2017

Please complete all of the sections of this Release and Waiver Form. This agreement must be filled out in full, in order to participate. This form must be signed by a parent or guardian .

CHECKLIST

- | | |
|---|---|
| <input type="checkbox"/> International Championship - Bellevue, WA | <input type="checkbox"/> PAC-British Columbia, Canada |
| <input type="checkbox"/> Western Australia Championships - Perth, Western Australia | <input type="checkbox"/> BOC-Alberta, Canada |
| <input type="checkbox"/> So Cal Starz - San Diego, CA | <input type="checkbox"/> FTP West-Canada |
| <input type="checkbox"/> Oregon Starz - Portland, OR | <input type="checkbox"/> Island Lake/Overnight Camp |
| <input type="checkbox"/> Lilac City Starz - Spokane, WA | <input type="checkbox"/> 2 Day Camp |
| <input type="checkbox"/> Washington Starz - Tacoma, WA | <input type="checkbox"/> 3 Day Camp |
| <input type="checkbox"/> Nor Cal Starz - CA | <input type="checkbox"/> Clinic |
| <input type="checkbox"/> Spectacular Winter Classic - Scottsdale, AZ | <input type="checkbox"/> Choreography |
| <input type="checkbox"/> Spring Fiesta - Phoenix, AZ | |

PERSONAL INFORMATION

_____		_____	
Last Name		First Name	

Organization/School Name			
_____		_____	
Event Location		Event Date	
_____		_____	
Date of Birth	_____	Current Grade	_____
_____		_____	
Home Phone		Cell#	
_____		_____	
Address		City	State Zip
_____		_____	_____
In case of an emergency please notify.			
_____		_____	
Name	Relationship	Phone Number	

MEDICAL INFORMATION

_____		_____	
Medical Insurance Provider		Policy#	
_____		_____	
Provider Address,	City	State,	Zip Provider Phone Number
_____	_____	_____	_____
Is the minor being treated for any type of medical condition? Yes or No (please circle) If (yes) please explain:			

Is the minor allergic to any known medications or suffer from any allergies? Yes or No (please circle) If (yes) please explain:			

Is the minor currently taking any type of known medications? Yes or No (please circle) If (yes) please list the medications:			

Liability Release, I _____, as parent or legal guardian

of _____, a Minor, here by grant the permission necessary to allow Minor to participate in the above event to be conducted by **AllThings Cheer in 2016-17** in my own behalf and behalf of the minor, further agree to release and to hold harmless All Things Cheer, the hosting site (gym, school, hotel, university, theme park) on whose premises the event will occur (here inafter the "Location") the affiliates of All Things Cheer and the Location, and the respective doctors, officers, representatives, members, agents and employees of All Things Cheer, the Location and their representative affiliates (hereinafter collectively "Releases") from any and all liability whether caused by the negligence by the "releases" or otherwise for any claim judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and / or death) that the Minor may incur or sustain during the event, all activities associated with the event and while traveling to and from the site for the event whether or not the event actually occurs. I further expressly agree to indemnify and hold harmless Releases and Releasees' heirs, successors, assigns, executors, and administrators against loss from any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, or cost Releasees may have to pay as a result of any such action, claim, or demand.

I, in my own behalf and on the behalf of the Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on the behalf of the Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the event will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Liability Signature: X _____
Date: _____

Medical Release I, in my own behalf and on the behalf of the Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious catastrophic and/or death) and that I, in my own behalf and on the behalf of the Minor, acknowledge that the Minor is assuming the risk of such injury or illness by participating in the event. In the event of such injury or illness, I authorize All Things Cheer to obtain necessary medical treatment for the Minor and hereby, in my own behalf and on the behalf of the Minor, release and hold harmless Releasees in the exercises 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 the behalf of the Minor for any illnesses or injury that the Minor may sustain during the event and while traveling to and from the site for the event whether or not the event actually occurs.

Medical Release Signature: X _____
Date: _____

Appearance Agreement I understand that All Things Cheer from time to time produces promotional material relating to its programs. I understand that as participant and/or spectator of the event that I may be included in videotapes or photographs taken during the event. Therefore, without reservation or limitations, in my own behalf and on behalf of the Minor, hereby assign, transfer and grant to All Things Cheer, its successors, assignees, licenses, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape the Minor and utilize such videotapes and photographs and minor's name face likeness, voice and appearance as a part of the event, in advertising and promoting the event or in advertising and promoting similar future events. I further understand that neither All Things Cheer nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

Age Verification I, in my own behalf and on behalf of the minor verify that the date of birth of the minor is accurate and truthful. By signing this I agree to not allow the Minor to be placed in an age division that is not appropriate by USASF Division Standards or N.F.H.S. Standards.

I hereby warrant that I have read this Participant Release and Waiver form in its entirety and fully understand its contents. I 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 further acknowledge that nothing in this Participant Release and Waiver form constitutes a guarantee that the event will occur and have signed this document voluntarily and of my own free will.

Appearance and Age Verification Signature: X _____

Date: _____

Witness Signature: X _____

Date: _____

RELEASE INFORMATION