



All Things Cheer and Dance Australia PTY LTD
Waiver/Release, Medical Release & Appearance form
PARTICIPANTS -- READ BEFORE SIGNING PLEASE
PRINT CLEARLY



Participant Name _____
D.O.B _____
School /Club /Gym Name _____
Coach Name _____

In consideration of _____, myself / my child, participating in any way at an All Things Cheer and Dance Australia PTY LTD (ATC Australia) events & activities, the undersigned acknowledges, and agrees that: I, the undersigned parent or legal guardian, do hereby grant permission for my son/daughter to participate in any 2017 All Things Cheer and Dance Australia Camps, Choreography, Workshop or Events. I further acknowledge and understand and agree that by participating at an ATC Australia event, workshop, choreography or camp there is a possibility of physical illness or injury (minimal, serious, and catastrophic) and that my son/daughter is assuming the risk of such injury by participating. I authorize any representative of the ATC Australia or the event party to consent and authorize any medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel for my son/daughter, which may become necessary. I understand I will be notified as soon as possible in the event of an emergency. I understand and agree that all expenses of such treatment are my responsibility. I agree to protect, defend, indemnify and hold the ATC AUSTRALIA or the event party, including its staff, employees and sponsors from and against any and all claims, demands, losses, suits, liabilities, costs, or other damages including court costs and attorney's fees, arising from any injury to, or death of son/daughter, the undersigned, or any other persons or damage to or destruction of property arising out of or in connection with any damage to third parties occasioned by, incident to, arising out of, or in connection with my son/daughter's participation. I willingly agree to comply with the ATC Australia events stated & customary terms & conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the competition itself, I will remove my child from the participation & bring such attention of the nearest official immediately;

Appearance Agreement I understand that ATC Australia 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 ATC Australia, its successors, assignees, licensees, 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 ATC Australia nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. accurate and truthful.

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.

Rules / Regulations

• No smoking, consumption of alcoholic beverages or use of illegal drugs allowed. • ATC Australia reserve the right to discipline any participant for unruly behavior or for conduct unbecoming to the event. • Participants must respect all venue and facility rules and regulations. • Participants must obey all rules and regulations set forth by the event. I HAVE READ THIS RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, & SIGN IT FREELY & VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Participant:

Date: _____

Name & Signature of Parent or Guardian:

Date: _____

Street Address:

Suburb: _____

State: _____ Post code: _____

Home Phone: _____

Business Phone: _____

Mobile Phone: _____

E-mail Address: _____

Emergency Name & Contact:

Medical History & Details:

_____ Ambulance: Yes/No