WAIVER OF LIABILITY, INDEMNIFICATION, ASSUMPTION OF THE RISK, AUTHORIZATION TO CONTACT EMERGENCY MEDICAL ASSISTANCE and PRESS RELEASE FORM

Participant's Name:	Team/Organization	on:
Birthdate (mm/dd/yyyy):	Current Grade:	Gender:
MEDICAL ASSISTANCE and PRESS RE	NIFICATION, ASSUMPTION OF THE RISI LEASE FORM" ("Form") HAS BEEN APPR on, for use at all events held by its members.	X, AUTHORIZATION TO CONTACT EMERGENCY OVED BY THE INDEPENDENT EVENT
If you are over the age of 18, you are releasing legal rights for yourself by initialing and executing this form. READ IT CAREFULLY.		
If the participant is under the age of 18, as a parent or legal guardian you are releasing rights for yourself and for your child by initialing and executing this form. READ IT CAREFULLY.		
Please review the form carefully, and initial the beginning of each paragraph in the spaces provided before completing the information on the lines provided.		
to participate in cheerleading and dance activities held/s stunting, jumping, and tumbling components. I acknowle result in serious and permanent physical and emotional inherent in these activities and that even with precautic acknowledge that injuries (I/my child) receive(s) may ambulance, no medical assistance shall be provided by the hereby knowingly and voluntarily enroll (myself/my constraints) described above, and I assume the risk of the activitic activities at an event held/sponsored by an IEP membe IEP members for a twelve month period of time ending.	ponsored by a member of THE INDEPENDENT EVENT P dge that (my/my child's) participation in cheerleading an linjuries to (myself/my child), (myself/my child's) death, d ons and safety measures they cannot be eliminated without y be compounded or increased by negligent rescue ope the IEP member, its agents, staff or other representatives in the child) in events held/sponsored by members of the IEP. It hes involving my child. I understand that (I do not/my ch r without agreeing to the terms and conditions on this relea	freely acknowledge that I have or will voluntarily register (myself/my child' RODUCERS, INC., (hereinafter "IEP"), which include dance, gymnastics d dance activities entails both known and unanticipated risks that could amage to property, and injury to others. I understand that such risks are jeopardizing the essential qualities of the activities. I also understand and rations and as such, I understand that other than telephoning for are event an injury occurs during the event. Understanding such dangers, I give my permission for my child to engage in the dangerous activities ild does not) have permission to participate in cheerleading and dance ase. I understand that this Form is effective for all events held/sponsored by elease and waiver of liability shall continue to be in effect during the above participate in any event held/sponsored by an IEP member.
described in paragraph A. I understand that failure injuries or death to (me/my child). I certify that I have a member. I agree to bear the costs of any injury or dama	to provide information of any health condition that wo dequate insurance to cover any injury or damage that (I/my ges (I/my child) may suffer while participating in any even	would constrain (me/my child) from safely participating in the activities uld constrain (me/my child) from participating could result in serious child) may suffer while participating in an event held/sponsored by an IEP theld/sponsored by an IEP member. I hereby authorize the IEP member in the opinion of such personnel or (my/my child's) coach medical
where (I/my child) is injured, all IEP members, all their representative or affiliates and their respective heirs, suc above-described activities involving (mysefl/my child) at	respective, employees, agents, coaches, instructors, assistant ecessors, and assigns (collectively with IEP, "IEP Represent any and every event held/sponsored by a member of the IE	forever discharge the IEP, the IEP member holding/sponsoring an evenths, officers, directors, owners, shareholders, subcontractors, and any other atives") from any and all liability arising out of or in connection with the P. "Liability" means any and all claims, demands, losses, causes of action wities, that result from any cause whether caused by the negligence
	y, defend, save and hold harmless IEP Representatives from an d to the above-described activities, whether cause by negligen	d against any and all loss, liability, damage, or cost they may incur, including ce or otherwise.
	is permitted by the law of North Carolina and any other state	d the indemnity agreements contained herein extend to all acts of whose laws apply to the activities, and that if any portion of this Form is held
reproductions associated or in any way connected with forever and irrevocably grant to IEP and IEP Repro	n marketing, advertising, publication or marketing of any esentatives a license and permission to use any such p	y child), and to disseminate any images or recordings of (me/my child) for any event undertaken by IEP and IEP Representatives. Specifically, I hereby chotographic or video reproduction of (me/my child) in any form of unwill be paid by IEP or an IEP Representative for the use of any
substantial legal rights I am giving up for (myself/my	y child and myself) by signing it. I have had the opportu	this Form thoroughly and understand it completely, including the mity to have my own attorney review this Form and my attorney has orm. I have signed this Form freely and voluntarily without
AND ALL LIABILITY TO THE GREATEST EX	TENT ALLOWED BY LAW. I UNDERSTAND A R OTHER WRITINGS AND THAT IT IS BINDI	AND UNCONDITIONAL WAIVER AND RELEASE OF ANY AND AGREE THAT THIS FORM CANNOT BE AMENDED OR NG ON (ME/MY CHILD AND MYSELF), AND OUR HEIRS
Cheer America, Cheer and Dance Ex. Greater Midwest Cheer Expo, JAMZ, Mo	treme, Cheer LTD, Cheer Star Productions, Contest of	ess, Americheer and Ameridance, Champion Cheer and Dance, of Champions, Eastern Cheer and Dance Association, ine Cheer and Dance, Spirit Celebration, Spirit Festival, ling Association, Worldwide Spirit Association.
N. CD.		
Name of Participant	Age of Participant Insurance Carrier	Policy # Participant has
Number to be Called in Case of Emergency	Name of Emergency Contact	Relationship to Participant NO INSURANCE
Address of Participant/Parent/Guardian		Parent/Guardian Email Address
Signature of Participant (if over 18) or Parent/C	Guardian (if Participant is under 18)	Date