

ALL NON-USASF REGISTERED MEMBERS MUST COMPLETE THIS FORM

LIABILITY RELEASE AND WAIVER FORM

All non-USASF registered participants must have an original, completed and signed release form turned in at registration in order to participate

Minor's Name _____	Name of Parent or Legal Guardian _____
Address _____	Program /Team Name _____
City, State, Zip _____	Division _____
Daytime Phone Number (_____) _____	Event Location _____
Evening Phone Number (_____) _____	Event Date _____ Cheer [] Dance []

Liability Release: For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above Event to be conducted by Varsity Spirit LLC ("Varsity Spirit"). I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless Varsity Spirit, Varsity Spirit's Corporate Sponsors (hereinafter "Sponsors"), the Hosting site, (university, hotel, convention center, high school) on whose premises the Event will occur (hereinafter the "Location"), the affiliates of Varsity Spirit, Sponsors and the Location, U.S. All Star Federation, Inc., a not for profit corporation ("USASF"), and the respective directors, officers, representatives, members, agents and employees of Varsity Spirit and their respective affiliates (hereinafter collectively "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 connected with the Event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and / or death) that 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 Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of 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 costs Releasees may have to pay as a result of any such action, claim or demand.

I, in my own behalf and on behalf of 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 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 behalf of 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 Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: X _____ **Date:** _____

Supervision: A chaperone/Adult (age 21 and over) is required to attend with participants. This Chaperone will be responsible for the participants at all times. Varsity Spirit LLC and USASF is not responsible for participants' supervision.

Medical Release: I, in my own behalf and on behalf of 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 behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the event. In the event of such illness or injury, I authorize Varsity Spirit to obtain necessary medical treatment for Minor and hereby, in my own behalf and on behalf of 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 behalf of Minor for any illness or injury that Minor may sustain during the Event and while traveling to and from the site for the Event whether or not the Event actually occurs.

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him / her to the Event and that he / she shall consume the prescribed dosage for such medications.

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that the Minor suffers from the following conditions: _____

I, in my own behalf and 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, in my own behalf and 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, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Event will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will. Minor and I understand that Sponsors may distribute samples of their products at the event.

Signature of Parent or Legal Guardian: X _____ **Date:** _____

Relationship to Minor: _____ Minor Birthdate: _____

I, identified above as Minor, acknowledge that I have read this Release and Waiver form.

Signature of Minor: X _____ **Date:** _____