

WILDCATS ATHLETICS WAIVER

THIS FORM MUST BE COMPLETED BEFORE PARTICIPATING IN ANY WILDCATS ACTIVITY

Minor's Name: _____ Birthday: _____ Age: _____
Parent/Legal Guardian(s) Name(s): _____
Street Address: _____ City: _____ State: _____
Zip: _____ Home Phone: _____ Cell: _____
Email: _____
Medical Conditions/Allergies: _____
Emergency Contact: _____ Relation: _____
Emergency Contact Phone: _____

We frequently send updates and reminder on Facebook. Please let us know if you can be notified this way or not!
Do you have a Facebook? _____ If yes, user name: _____
Are you interested in receiving information via email about WILDCATS Cheer Pride? _____
Are you currently on a competitive cheer team? _____ If yes, team name _____ If you are not currently on a competitive cheerleading team, are you interested in receiving more information about becoming a member of WILDCATS Cheer Pride? _____

I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of above listed minor applicant/participant acknowledge and fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue WILDCATS Cheer Pride, its affiliated organizations and sponsors, their coaches, and associated personnel, officers, directors, board members, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the program of cheerleading, classes, lessons or any program or activities of WILDCATS Cheer Pride and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize.

The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the sport of cheerleading and has been found physically capable of participating in tumbling, and other gym activities. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as release from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said release because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the release. I have read the above waiver/release and understand (I) we have given up substantial rights by signing this release and sign below voluntarily.

I hereby give permission for WILDCATS Cheer Pride and its designated photographers to photograph and videotape the participant while participating in any WILDCATS Cheer Pride event including but not limited to practice and competitions. I further give permission for such photographs and/or videotapes to be used for WILDCATS Cheer Pride marketing material as deemed appropriate for the promotion of WILDCATS Cheer Pride. I agree that there are to be no fees, commissions or royalties paid to me for the use of the photographer(s) or videotapes containing the participant.

I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of listed minor applicant/participant, acknowledge and agree that I am the parent or legal guardian of the above named minor and therefore have the authority to grant these permissions.

Parent(s)/Guardian(s) Signature(s)

Date