

WINNERS CHOICE CHAMPIONSHIPS LIABILITY/MEDICAL/PUBLICITY RELEASE AND WAIVER FORM

Every non USASF participant must have a completed and signed release form to turn in at the competition in order to participate. A form should be filled out for each event.

Liability Release: For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I (parent/guardian if under 18) hereby grant the permission necessary to allow myself/my child to participate in a competition/clinic/conference conducted by WINNERS CHOICE CHAMPIONSHIPS. I further agree to release and to hold harmless WINNERS CHOICE CHAMPIONSHIPS from any and all liability whether caused by negligence or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, legal fees and costs) arising out of or connected with the competition, including any claim arising out of or connected with any illness or injury that I/my child may incur or sustain during the Event, or activities associated with the clinic.

Medical Release: I, in my own /my child's behalf acknowledge and agree that such participation in a competition/clinic/conference subjects myself/my child to the possibility of physical illness or injury I also hereby acknowledge the risks involved when taking part in cheerleading and dance, and have the necessary insurance cover in association with my team/club or have individual athletic insurance to cover such, in the event of an injury, accident, or loss when taking part. In the event of such illness or injury, I authorize WINNERS CHOICE CHAMPIONSHIPS to obtain necessary medical treatment for myself/my child and release and hold harmless WINNERS CHOICE CHAMPIONSHIPS in the exercises of this authority. I also confirm that I / my child, have not been advised by a doctor to avoid physical exercise and do not know of any problems that may affect my / my child's health when taking part at the event.

Appearance Agreement: I understand that WINNERS CHOICE CHAMPIONSHIPS produces promotional material relating to its events. I understand that as participant and/ or a spectator at the Event that myself/my child may be included in videotapes, DVD's, pod casts, videocasts or photographs taken during the Event. Therefore, without reservation or limitations, I, in my own behalf/my child's hereby assign, transfer and grant WINNERS CHOICE CHAMPIONSHIPS exclusive right to photograph and / or videotape audiotape myself/my child, and give permission for such photographs, video and audio tapes to be used in print or broadcast through any media which is deemed appropriate for the promotion of WINNERS CHOICE CHAMPIONSHIPS

In consideration of me signing this release form, I am allowing myself / my child, to participate in a WINNERS CHOICE CHAMPIONSHIPS Event and agree to waive and release all rights to claim for damages which I or my child may sustain or suffer whilst participating at the event, including traveling to and from the event.

Print Participant Name (if under 18 Parent/guardian) _____
Signature Date _____
Relationship to participant _____
Team Name _____
Existing medical conditions _____

Participant Details
Full Name _____
Team _____
Address _____

Emergency Contact Details
Name _____
Address _____
Phone No _____
Relationship _____