

ADULT RELEASE & WAIVER FORM

• Advisor • Coach • Chaperone

Name _____
Address _____
City, State & Zip _____
() _____
Phone Number _____
Location where you will attend camp _____
Camp Dates _____

Adult's Cell Phone Number _____
School Name _____
School Address _____
School City, State, Zip _____
() _____
Phone Number _____
Squad Type:
 Cheer Dance
 JR FR JV VA ALL-STAR

- Check here if you are the advisor/coach
 Check here if you are a Chaperone
 Check here if you are over 21
 Check here if you are employed by the school or school district

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I agree to participate in the above Camp to be conducted by Varsity Spirit Corporation ("Varsity Spirit") d/b/a Universal Cheerleaders Association ("UCA") and/or Universal Dance Association ("UDA"). I 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 Camp will occur, (hereinafter the "Location") the affiliates of Varsity Spirit, the Location, and the respective directors, officers, representatives, members, agents, and employees of Varsity Spirit, Sponsors, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability, whether caused by the negligence of the Releasees or otherwise for any claim, judgement, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic, and/or death) that I may incur or sustain during the Camp, all activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp 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 me or by any other persons on the account of damages of any character resulting to me in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss of costs Releasees may have to pay as a result of any such action, claim, or demand.

I hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of risk of injury or illness. I further acknowledge that nothing in this Liability Release constitutes a guarantee that the Camp will occur. I have signed this document voluntarily and of my own free will.

X _____
Signature _____ Date _____

Medical Release. I acknowledge and agree that such participation subjects me to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I acknowledge that I am assuming the risk of such illness or injury by participating in the camp. In the event of such illness or injury, I authorize Varsity Spirit to obtain necessary medical treatment for me and hereby 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 by me for any illness or injury that I may sustain during the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

Appearance Agreement. I understand that Varsity Spirit d/b/a UCA and/or UDA from time to time produces promotional material relating to its programs. I understand that as a participant in and/or a spectator at the Camp, I may be included in videotapes, photographs, DVD's, Podcasts and videocasts taken during the camp. Therefore, without reservation or limitations, I hereby assign, transfer and grant to Varsity Spirit d/b/a UCA and/or UDA, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape me and to utilize such videotapes and photographs and my name, face, likeness, voice and appearance as part of the Camp, in advertising and promoting the Camp or in advertising and promoting similar future events. I further understand that neither Varsity Spirit nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. I waive any right to inspect or approve the copies of any promotional materials related thereto.

Camp Rules. I further acknowledge and understand that Varsity Spirit has established rules and regulations pertaining to conduct, behavior and activities of all Camp participants by which I agree to abide during the Camp and that I will be responsible for my failure to abide by those rules and regulations. I have received, read, and understand the Camp rules. I understand that violation of the rules can result in dismissal from Camp with no refund.

Insurance and Payment: We offer an accident policy to all students for a \$5.00 premium. The policy has no deductible and pays up to \$1000 of medical expenses, regardless of other insurance coverage. (Charges due to illness and preexisting injuries are not covered and will be billed directly to the parent). All students who do not have other insurance must purchase the Camp accident policy. This policy, or other proof of insurance is usually required to obtain medical treatment as we strictly adhere to this insurance requirement.

Please check one of the following:

- Yes, I want the camper's accident insurance policy and I will bring \$5.00 premium to registration at Camp. **(Not available at Home Camps)**
 No, I elect not to purchase the camper's accident policy and my insurance company, in the event of an accident, is listed below. If no is checked, complete the information below. WE MUST HAVE THE POLICY NUMBER.

Insurance Company: _____
Insurance Company Address: _____
Medical Insurance Policy Number: _____

I represent that any medication to which I am allergic or medications that I am currently taking are listed below. I agree that I shall bring medications which I am currently taking with me to camp and that I shall consume the prescribed dosage for such medications. **Varsity will not administer or supply any type of medication at camp.**

Medications (if any): _____
Allergic to (if any): _____

I acknowledge that I suffer from the following conditions: _____

Family Doctor: _____ Phone Number: () _____
Birthdate: _____ SS#: _____
Emergency Information: Name: _____ Address: _____
City, State, Zip: _____
Daytime Telephone: () _____ Evening Telephone: () _____

I hereby warrant that I have read this Adult Release and Waiver Form in its entirety and fully understand its contents. I am aware that this Adult 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 further acknowledge that nothing in this Adult Release and Waiver Form constitutes a guarantee that the camp will occur and have signed this document voluntarily and of my own free will.

Signature of Adult: _____ Date: _____
Signature of Witness: _____ Date: _____
Witness Address: _____