

I, the undersigned Participant/ parent/guardian, do hereby grant permission for Participant to attend and participate in the listed Elite Cheerleading, Inc. event., acknowledge and fully understand that in participating in this event, there is a possibility Participant may sustain illness/injury/death. I authorize any necessary medical/hospital treatment for Participant if she/he is injured or ill during the event. I understand or will make the Participant aware that any injury/illness must be brought to the attention of the Paramedics/Medical Staff. I release Elite Cheerleading Inc. and its representatives from any claims for injury/illness/death that may be sustained by the Participant in connection with her/his participation in the event. The Participant and I as parent/guardian assume the full risk of illness/injury/death that may be sustained with her/his participation. We release the event location, Elite Cheerleading Inc., as well as their representatives, from any claims that may arise in connection with the Participant's participation in the event. I accept responsibility for and will pay any and all medical bills that may be incurred by Participant related to medical treatment for any injury/illness sustained. Elite Cheerleading Inc. reserves the right to send the Participant to a hospital/medical clinic/center for treatment with the undersigned Guardian, Parent or Participant assuming full responsibility.

I agree to reimburse, indemnify and hold harmless Elite Cheerleading Inc. including but not limited to any claim, interest or subrogation by any person, company, corporation, or association that may arise regarding this event or waiver. I will be responsible to Elite Cheerleading Inc. for counsel fees and costs related thereto. I have read and understood this Authorization and Liability Release in full and agree with its terms.

I understand Elite Cheerleading Inc. produces promotional material about its programs. I understand that as a Participant, I may be included in video tapes or photographs taken during the event. I hereby grant Elite Cheerleading Inc., its successors, assignees, licensees, sponsors, television networks, and all other exhibitors, the exclusive right to photograph or video tape participant and further use the Participant's name, face, likeness, voice, and appearance as part of its advertising and promotion without reservation or limitation. In granting this license, I understand Elite Cheerleading Inc. is under no obligation to exercise any of its rights, licenses, and privileges herein granted by the participant.

## Elite Cheerleading Inc.

816 Grandview Ave., Pittsburgh, Pa 15211

1-800-456-4737



### Authorization and Liability Release TEAM WAIVER FORM

Team Name/Entry Name \_\_\_\_\_

City/State \_\_\_\_\_

Division Name \_\_\_\_\_

Completely fill out **ONE** "Team Waiver Form" per entry as follows...

1. List each team member on the "Team Waiver."
2. Fill out each line completely including all information and signatures. Participants who are 18 years of age or older should list their name on the participant line and can sign their name on the parent/guardian line. **(THIS FORM WILL NOT BE ACCEPTED AND WILL BE RETURNED TO YOU IF INFORMATION IS NOT COMPLETE.)**
3. "Team Waiver Forms" must be received at least **TWO WEEKS** prior to the event. **MAIL** completed forms to: Elite Cheerleading Inc., 816 Grandview Ave, Pittsburgh, Pa 15211 or **FAX** 412-381-9916
4. **NOTE: All Coaches are responsible to have all insurance and medical information for each Participant on hand the day of the event.**

Name of Participant	Age	Birthdate	Signature of Parent/Guardian	Date Signed	Email of Parent/Guardian
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

If YOU HAVE MORE THAN 15 MEMBERS ON THIS TEAM, PLEASE DUPLICATE THIS FORM AS NECESSARY. **Coach's Signature** \_\_\_\_\_