

(Copy and duplicate- Distribute one per participant)

| NAME OF SCHOOL | SPONSOR'S NAME | |
|----------------|----------------|--|
| _ | _ | |

| PARTICIPANT'S NAME | | BIF | THDATE | GRADE IN SCH | GRADE IN SCHOO | |
|---|---|---|-----------------|--------------|----------------|--|
| ADDRESS_ | | | | | | |
| | STREET | CITY | STATE | ZIP | | |
| PHONE# () | | | _E-mail Address | | | |
| *FIRST PERSON TO | CONTACT IN CAS | E OF EMERGENCY: | RELATIC | NSHIP: | | |
| HOME PHONE (|) | BUSI | NESS PHONE(|) | | |
| *SECOND PERSON TO | O CONTACT IN CA | SE OF EMERGENCY: | RELATIO | ONSHIP: | | |
| HOME PHONE (|) | BUSI | NESS PHONE(|) | | |
| PLEASE ANSWER THE | FOLLOWING OU | | | | | |
| PLEASE ANSWER THE | FOLLOWING OU | ESTIONS: | ,2331110112(| , <u> </u> | | |
| PLEASE ANSWER THE | FOLLOWING OU | ESTIONS: | , <u>1</u> | | | |
| PLEASE ANSWER THE 1. LIST ANY MEDICATION 2. LIST ALLERGIES: | FOLLOWING OU | ESTIONS: | , LOS FITOTAL | | | |
| PLEASE ANSWER THE 1. LIST ANY MEDICATION 2. LIST ALLERGIES: 3. LIST ALLERGIES TO ME | FOLLOWING OU WHICH PARTICIPAN DICATION: | ESTIONS: | | | | |
| PLEASE ANSWER THE 1. LIST ANY MEDICATION 2. LIST ALLERGIES: 3. LIST ALLERGIES TO ME 4. LIST NAME AND ADDRE | EFOLLOWING OU WHICH PARTICIPAN DICATION: ESS OF INSURANCE O | TESTIONS: T IS CURRENTLY TAKING: | TICIPANT: | | | |
| PLEASE ANSWER THE 1. LIST ANY MEDICATION 2. LIST ALLERGIES: 3. LIST ALLERGIES TO ME 4. LIST NAME AND ADDRE NAME | WHICH PARTICIPAN DICATION: ESS OF INSURANCE O | T IS CURRENTLY TAKING: | TICIPANT: | | | |
| PLEASE ANSWER THE 1. LIST ANY MEDICATION 2. LIST ALLERGIES: 3. LIST ALLERGIES TO ME 4. LIST NAME AND ADDRE NAME ADDRESS | WHICH PARTICIPAN DICATION: ESS OF INSURANCE O | TESTIONS: T IS CURRENTLY TAKING: COMPANY THAT COVERS PART | TCIPANT: | | | |
| PLEASE ANSWER THE 1. LIST ANY MEDICATION 2. LIST ALLERGIES: 3. LIST ALLERGIES TO ME 4. LIST NAME AND ADDRE NAME ADDRESS CITY | WHICH PARTICIPAN DICATION: ESS OF INSURANCE O | TESTIONS: T IS CURRENTLY TAKING: COMPANY THAT COVERS PART | TICIPANT: | | | |

NOTE: PLEASE COMPLETE THE BACK OF THIS FORM

MEDICAL AUTHORITY STATEMENT:

THIS IS A LEGAL LIABILITY DOCUMENT

I, the undersigned parent/guardian, do hereby grant permission for daughter/son/Participant to attend cheerleading events sponsored by and conducted by Elite Cheerleading Inc. In order for daughter/son/ward to receive the necessary medical treatment in the event of an injury or illness, I hereby authorize the Elite Cheerleading Inc.'s Staff Members to obtain medical treatment for my daughter/son/Participant for such injury or illness during any event, and I hereby hold the Elite Cheerleading Inc., including but not limited to, The University/ College/ Host School or Institution and their representatives harmless in the exercise of the authority.

| | derstand and agree that in participating in these events there is a possibility of physical injury of er/son/Participant and I are assuming the risk of such injury or illness by her/his participation. |
|---|--|
| DATE | PARENT/LEGAL GUARDIAN |
| <u>WAIVER & RELEASE</u> THIS IS A LEGAL LIABIL | |
| in cheerleading events spo in cheerleading events that hereby for myself and all and claims for damages, limited to, its owners, daughter/son/Participant mand It is expressly understood interest or subrogation by | guardian, do hereby give permission for my daughter/son/Participant to attend and to participate insored by the Elite Cheerleading Inc. I hereby acknowledge that by attending and participating at there is a possibility of physical illness or injury to my daughter/son/Participant and I do others who might have a similar claim waive, release and forever discharge any and all rights which may arise now or in the future against the Elite Cheerleading Inc., including but no operators, officers, agents, or representatives, for any and all damages which my ay sustain or suffer while attending and participating in the events. that I agree to reimburse, indemnify and hold harmless Elite Cheerleading Inc. for any claim any person, company, corporation, or association that may arise regarding this event or waiver will be responsible to Elite Cheerleading Inc. for counsel fees and costs related thereto. |
| DATE | PARENT/LEGAL GUARDIAN |
| APPEARANCE AGRE THIS IS A LEGAL LIABIL | |
| I understand Elite Cheerles a Participant I may be inclirrevocably grant Elite Che exhibitors, the exclusive rig and appearance as part of media, film, telecast and a | ading Inc. produces promotional and publicity material about its programs. I understand that as uded in videotaping, photographs and digital film taken during the event. I hereby freely and cerleading Inc., its successors, assignees, licensees, sponsors, television networks, and all other ght to copy, exhibit, use, take, distribute and/or publish Participant's name, face, likeness, voice, its advertising, promotions and publicity including but not limited to art, print, web, social my other lawful purpose without reservation or limitation. In granting this license, I understand under no obligation to exercise any of its rights, licenses, and privileges herein granted by the |
| | take full responsibility for Participant that she/he will follow Local jurisdiction, State and l, regulations, and laws governing Covid-19. |
| DATE | PARENT/LEGAL GUARDIAN |

No one can be admitted to the events held by the ELITE CHEERLEADING INC. unless this form has been properly filled out and signed by a parent or legal guardian.

816 Grandview Avenue ~ Pittsburgh, PA 15211 ~ www.elitecheerleading.com