



AMERICAN CHEER POWER/POWER DANCE 2009 ADULT RELEASE AND WAIVER FORM

Advisor - Coach - Chaperone Must Complete

Name, Address, City, State & Zip, Phone Number, Location where you will attend camp, Camp Dates, Adult's Cell Phone Number, School/Gym Name, School/Gym Address, School/Gym City, State & Zip, Phone Number, Squad Type: Cheer [] Dance [] Jr [] Fr [] JV [] VA [] ALL STAR []

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 American Cheer Power and /or Power Dance. I further agree to release and to hold harmless Varsity Spirit, Varsity Spirit's Corporate Sponsors (hereinafter "Sponsors"), the Hosting site, (university, gym, hotel, convention center, high school) on whose premises the Camp will occur (hereinafter the "Location"), the affiliates of Varsity Spirit and 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, judgment, 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 the 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.

Signature: X _____ Date: _____

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 his/her/my failure to abide by those rules and regulations. I read and understand the following Camp rules. I understand that violation of the rules can result in dismissal from Camp with no refund.

- 1. Have an emergency Plan.
2. Participants must have an adult chaperone / coach in attendance at all times during the camp.
3. Cheering, chanting and dancing will be practiced in designated areas ONLY.
4. Please leave valuables at home (rings, jewelry, etc.). American Cheer Power / Power Dance will not be responsible for lost or stolen items.
5. The use, consumption or possession of alcohol or other illegal substances is prohibited.
6. Smoking at camp is prohibited.
7. Medical Release Forms must be copied and the original mailed to the American Cheer Power / Power Dance office three weeks prior to camp. The coach is responsible for having copies of the squads / teams medical forms with him/her during camp.

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 on 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 American Cheer Power and / or Power Dance from time to time produces promotional material relating to its programs. I understand that as a participant and/ or a spectator at the Camp that I may be included in videotapes, Photographs, DVDs, podcasts and videocasts taken during the Camp. Therefore, without reservation or limitations, I hereby assign, transfer and grant to Varsity Spirit d / b / a American Cheer Power and / or Power Dance, 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 a 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.

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. **Varisty will not administer or supply and 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#: _____

Insurance Company: _____

Insurance Company Address: _____

Medical Insurance Policy Number: _____

Emergency Contact 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: X _____ Date: _____

Signature of Witness: X _____ Date: _____

Witness Address: _____

