

AmeriCheer / AmeriDance Competition

Please complete all sections below. Bring this form with you to the competition - **DO NOT MAIL** it back to the AmeriCheer offices. You may not participate without this form. Make sure this form is signed by parent or guardian. We request each person attending the competition complete this form.

PARTICIPANT INFORMATION

Participant's Name _____			Competition Location _____	Competition Date _____
Home Address _____			Participant's School/Organization Name _____	
City _____	State _____	Zip _____	Participant's Grade _____	Participant's Social Security Number _____
Participant's Date Of Birth _____			Parent's Daytime Phone _____	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian

MEDICAL & INSURANCE INFORMATION

Insurance Company _____	List Any Medications Currently Taking: _____
Address _____	_____
Medical Insurance Policy # _____	List Any Medication Participant is Allergic To: _____
Family Physician _____	_____
Phone () _____	_____

MEDICAL TREATMENT AUTHORIZATION & LIABILITY RELEASE

I, the undersigned parent or guardian, do hereby grant permission for the above named participant to attend the above listed AmeriCheer competition. I also authorize any necessary treatment by a qualified physician for my daughter/son _____ which they may sustain while at the competition. In case of emergency during the event, I would like them taken to a hospital for medical treatment, and hold AmeriCheer and its representatives harmless in their execution of this authority.

I further release AmeriCheer and its representatives from any claims for injury or illness that may be sustained as a result of their participation in this event. I acknowledge and understand that in participating in this event, there is a possibility they may sustain physical illness or injury in connection with his or her participation. I further understand and acknowledge that my daughter or son and I assume the full risk of physical injury by their participation and I further release the event location, AmeriCheer, Inc., as well as its representatives, from any claims for personal injury or illness that they may sustain during the event.

I understand and will be responsible for any medical bills that may be incurred on behalf of my son or daughter for physical illness or injury they may sustain during the competition. AmeriCheer reserves the right to send any participant to a hospital for diagnosis and treatment, the parent assuming full responsibility. I have read the above statement and agree in full to its content.

Parent or Guardian Signature _____	Participant's Signature (if over 18) _____
Emergency Phone Number _____	Home Phone Number _____

APPEARANCE AGREEMENT

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