

COA 2005-2006 Minor Participant Release and Waiver Form

Check One: North American Collegiate Championship The ULTIMATE National Championship Open National Championship
 Blast Super Regional Regional Camp Clinic Dance Workshop

COA Sponsored Event Site

Participant Name	Name of Parent/Legal Guardian	School/Group Name
Address	Address	Address
City State Zip	City State Zip	City State Zip
Home Phone	Work Phone	School/Gym Phone
E-mail Address	Cell Phone	Squad Type (Varsity, JV, etc.)

In consideration of participating in the above indicated event, I _____, as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow the Minor to participate in the above noted event to be sponsored by Cheerleaders of America, Inc. ("COA"). I acknowledge and agree, on my own behalf and on the behalf of the Minor, that such participation subjects the Minor to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, on my own behalf and on behalf of the Minor, acknowledge that the Minor is assuming the risk of such illness or injury by participating in the above noted COA sponsored event. In the event of such illness or injury, I authorize COA, Inc. to obtain necessary medical treatment for the Minor including the release of this Form to appropriate medical treatment personnel. I hereby, on my own behalf and on behalf of the Minor, release and hold harmless COA, Inc., the Hosting Site on whose premises the Event will occur, (hereinafter the "Hosting Site"), its affiliates, the affiliates of COA, Inc. and the respective directors, officers, representatives, members, agents, and employees of COA, Inc., and the Hosting Site (hereinafter collectively "Releasees") in the exercise of this authority. I agree to release and hold harmless Releasees from any and all liability for negligence or any other claim, judgment, loss, liability, cost, and expense (including without limitation, attorney's fees and costs) arising out of or connected with the Minor's participation in the event including any claim arising out of or connected with any illness or injury that the Minor may incur or sustain as a result of the Minor's participation in the event and regardless of whether or not COA provides spotters and they are utilized or not utilized. I further expressly agree to release, discharge, indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns and administrators against loss from any further claims, demands, damages, or actions that may subsequently be brought by me or by any other persons on account of damages of any character resulting to the Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss or cost Releasees may have to pay as a result of any such action, claim, or demand. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the above noted COA sponsored event and while traveling to and from the site for the above noted COA sponsored event whether or not the COA sponsored event actually occurs. I acknowledge that if I believe that event conditions are dangerous or unacceptable, I reserve the right to withdraw participation of the Minor.

X

 Signature of Parent or Legal Guardian

 Date

Appearance Agreement. I understand that COA, Inc. at times produces promotional materials relating to its programs. I understand that as a participant in and/or spectator at the above noted COA sponsored event the Minor may be included in videotapes or photographs taken during the above noted COA sponsored event. Therefore, without reservation or limitation, I, on my own behalf and on behalf of the Minor, hereby assign, transfer and grant to COA, Inc. its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape the Minor and to utilize such videotapes and photographs and Minor's name, face, likeness, voice and appearance as part of the above noted COA sponsored event, in advertising and promoting the above noted COA sponsored event or in advertising and promoting similar future events. I further understand that neither COA, Inc. nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

X

 Signature of Parent or Legal Guardian

 Date

I, on my own behalf and on behalf of the Minor, hereby warrant that I have read this Release and Waiver in its entirety and fully understand its contents. I, on my own behalf and on behalf of the Minor, am aware that this Release and Waiver releases Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, on my own behalf and on the behalf of the Minor, further acknowledge that nothing in this Release and Waiver constitutes a guarantee that the above noted COA sponsored event will occur. I, on my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

X

 Signature of Parent or Legal Guardian

 Date

 Minor's Date of Birth

 Doctor's Name

 Doctor's Phone Number

 Dentist's Name

 Dentist's Phone Number

In regard to the above mentioned person, check all that apply, **provide explanation on back of form if needed.**

- | | | |
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| <input type="checkbox"/> Allergies to foods, medication, etc. | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Conditions currently under treatment |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Medications currently taking | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Preexisting injury under treatment | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Contact Lenses |

 Daily Medication and Schedule

 Insurance Carrier

 Policy Number (optional)

Please Check one School Insurance Participant's Family's Insurance

Coaches may not sign Releases and Waivers on behalf of competitors.

**ULTIMATE Nationals: Submit this form to the COA office by March 1, 2006.
 For all other events: Bring this form to the event. Do not return to the COA office.**