

VARSITY SPIRIT CHAMPIONSHIP RELEASE & WAIVER FORM – ADULT/COACH

Every Advisor/Coach/Chaperone must turn in this completed and signed form at the designated check-in/registration area. ALL areas must be completed. **Please photocopy and distribute to each adult attending the event.**
Coach must retain a photocopy of each completed form for his/her records.

_____ Name	_____ School Name	UIL Spirit State Championships Name of Event
_____ Address	_____ School Address	Fort Worth, TX City, State of Event
_____ City, State & Zip	_____ School City, State & Zip	January 17-19, 2019 Event Dates
(_____)_____ Phone Number	(_____)_____ School Phone Number	<input type="checkbox"/> Check here if you are the Advisor/Coach
_____ Email Address	Are you employed by the school or school district? Yes No	<input type="checkbox"/> Check if you are a Chaperone
		Are you over 21 years of age? Yes No

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I agree to participate in the above Event to be conducted by Varsity Spirit, LLC. ("Varsity"), d / b / a National Cheerleaders Association ("NCA") and/or d / b / a Universal Cheerleaders Association ("UCA"). I further agree to release and to hold harmless Varsity, the Hosting site (university, hotel, convention center, high school) on whose premises the Event will occur (hereinafter the "Location") the affiliates of Varsity, 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 negligence of the Releasees or otherwise for any other claim judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Event, 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 Event, all activities associated with the Event and while traveling to and from the site for the Event whether or not the Event 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, or costs Releasees may have to pay as a result of any such action, claim, or demand.

Signature : _____ **Date:** _____

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 Event. In the event of such illness or injury, I authorize Varsity 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 by me for any illness or injury that I may sustain during the Event and while traveling to and from the site for the Event whether or not the Event actually occurs.

Supervision. A Chaperone/Adult (age 21 or over) is required to attend with participants. This Chaperone will be responsible for the participants at all times including but not limited to swimming, beach activity, cheer/dance practice outside of competition and free time at event site or hotel. Varsity Spirit d / b / a NCA and / or NDA is not responsible for participants' supervision.

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, acknowledge that nothing in this Adult Release and Waiver Form constitutes a guarantee that the Event will occur and have signed this document voluntarily and of my own free will. I understand that Sponsors may distribute samples of their products at the event.

Signature of Adult: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Witness Address: _____