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	School Name School Address School City, State & Zip () School Phone Number		Name of Event City, State of Event Event Dates	
Address	School Address				
City, State & Zip	School City, State &				
() Phone Number	- (<u>)</u> School Phone Numb			□ Check here if you are the Advisor/Coach	
	Are you employed b	y the sch	ool or	□ Check if you are a Chaperone	
Email Address	school district?	Yes	No	Are you over 21 years of age? Yes No	
other claim judgment, loss, liability, cost and e Event, including any claim arising out of or co during the Event, all activities associated with further expressly agree to indemnify and hold	gree to release and to hold harmle ool) on whose premises the Ever s, representatives, members, age keleasees") from any and all liabit expenses (including, without limit nnected with any illness or injury the Event and while traveling to I harmless Releasees and Releasions that may subsequently be briforegoing activities. I further agree	ess Varsity, at will occur ents and em lity whether ations, attor (minimal, sand from the sees' heirs, rought by m	, the Hosting (hereinafter ployees of Varicaused by name)'s fees all erious, catastie site for the successors, the or by any of	site the "Location") the affiliates of Varsity, the arsity Spirit, Sponsors, the Location and their legligence of the Releasees or otherwise for any not costs) arising out of or connected with the trophic and / or death) that I may incur or sustain Event whether or not the Event actually occurs. I assigns, executors and administrators against other persons on the account of damages of any	
		Date:			
and/or death) and that I acknowledge that I am I authorize Varsity to obtain necessary medica	n assuming the risk of such illness al treatment for me and hereby rel be responsible for any and all me	s or injury b ease and he edical and r	y participating old harmless elated bills th	at may be incurred by me for any illness or injury	
	activity, cheer/dance practice outs			e will be responsible for the participants at all times ee time at event site or hotel. Varsity Spirit d / b / a	
and Waiver Form releases Releasees from lia	bility and contains an acknowledg Release and Waiver Form consti	gement of m tutes a gua	ny voluntary a rantee that th	e Event will occur and have signed this document	
Signature of Adult:			Date	9:	
Witness Signature:			Date	9:	
Witness Address:					