

2010 WSCCA All Star State Cheerleading Championships  
Medical Release & Appearance Form  
PLEASE PRINT CLEARLY

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Participant Name

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Participant's Email

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Participant's Grade

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School Name

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Cheer Coach Name

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Parent or Legal Guardian

I, the undersigned parent or legal guardian, do hereby grant permission for my son/daughter to participate in the 2010 WSCCA All Star State Cheerleading Championships. I further acknowledge and understand and agree that by participating in this tournament there is a possibility of physical illness or injury (minimal, serious, and catastrophic) and that my son/daughter is assuming the risk of such injury by participating. I authorize any representative of WSCCA, Pac West Spirit Group, the Tacoma Convention Center or the event party to consent and authorize any medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel for my son/daughter, which may become necessary. I understand I will be notified as soon as possible in the event of an emergency. I understand and agree that all expenses of such treatment are my responsibility. I agree to protect, defend, indemnify and hold harmless WSCCA, Pac West Spirit Group, the Tacoma Convention Center, including its staff, employees and sponsors from and against any and all claims, demand, losses, suits, liabilities, costs, or other damages including court costs and attorneys fees, arising from any injury to, or death of son/daughter, the undersigned, or any other persons or damage to or destruction of property arising out of or in connection with any damage to third parties occasioned by, incident to, arising out of, or in connection with my son/daughter's participation. I understand that WSCCA, Pac West Spirit Group, and the Tacoma Convention Center produce promotional material about the event. I understand that my son/daughter may be included in videotape or photography taken during this event. I hereby grant WSCCA, Pac West Spirit Group, and the Tacoma Convention Center, its successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors the exclusive right to photograph and/or videotape my son/daughter and further to utilize my son/daughter's name, face, likeness, voice and appearance as part of the event, and in advertising and promotion of the event, without reservation or limitation. In granting this license, I understand that WSCCA, Pac West Spirit Group, and the Tacoma Convention Center are under no obligation to exercise any of its rights, licenses and privileges herein granted.

Rules/Regulations

- No smoking, consumption of alcoholic beverages or use of illegal drugs allowed.
- WSCCA, Pac West Spirit Group, and the Tacoma Convention Center reserve the right to discipline any participant for unruly behavior or for conduct unbecoming to the event.
- Participants must respect all venue and facility rules and regulations.
- Participants must obey all rules and regulations set forth by the event.

I have completely read and understand the above release and rules/regulations.

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Signature of Participant:

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Signature of Parent or Guardian

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Medical Insurance Company/Policy: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_