

**Medical Treatment, Liability Release, and Visual Image Release 2011-2012©**

Advisor/Coach/Director: A Compliance Agreement must be read and signed by each participant and advisor/coach/director in order to participate at the above competitions and events. Please copy and distribute to each person attending the event. Retain a copy of each completed form for your records and keep them with you throughout the event.

School/Organization Representing \_\_\_\_\_ ( ) Female ( ) Male  
Participant's First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent(s) Name(s) \_\_\_\_\_ Email Address: \_\_\_\_\_  
Cell/Main Contact # \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **AGE AS OF MAY 31, 2011:** \_\_\_\_\_

**PARENTS:** Please provide gym owners with copy of child's birth certificate or drivers license/Arizona State I.D. card. *(date of birth must be clearly visible)*

**GYM OWNERS:** Copies of these items do not need to be turned in at registration but must be in your possession during the event for age verification purposes.

**School Coaches:** You may use school i.d. as divisions are determined by grade.

Medical History of Participant – check all that apply, provide explanation on back of form if needed.

- ( ) Allergies ( ) High Blood Pressure ( ) Conditions currently under treatment ( ) Asthma ( ) Convulsions
- ( ) Currently taking medications (list below) ( ) Diabetes ( ) Epilepsy ( ) Migraine headaches ( ) Heart Trouble
- ( ) Fainting Spells ( ) Pre-existing injury under treatment-Describe: \_\_\_\_\_
- ( ) Other \_\_\_\_\_

Daily Medication and schedule \_\_\_\_\_

**This form must be UPDATED from the original date of signature and RESUBMITTED if there are any changes in the above listed medications or conditions.**

*I understand that the registered participant must be in compliance with all Event Rules and Regulations to perform/participate. I also understand that any violation of this agreement may result in removal/disqualification of the team(s) or individuals involved. I agree that the information on this form is truthful and accurate to the best of my knowledge.*

**I CERTIFY THAT THE REGISTERED PARTICIPANT IS AGE & GRADE ELIGIBLE FOR EVERY DIVISION THAT HE/SHE IS ENTERED IN.**



\_\_\_\_\_ (PARENT/GUARDIAN INITIALS)  
**PARTICIPANT RELEASE OF LIABILITY, VOLUNTARY ASSUMPTION OF THE RISK, WAIVER OF CLAIM AND COVENANT NOT TO SUE AGREEMENT**

I am the parent or legal guardian of the above named minor child, and on behalf of myself, my marital community and my child, hereby enter this RELEASE OF LIABILITY, VOLUNTARY ASSUMPTION OF THE RISK, WAIVER OF CLAIM AGREEMENT AND COVENANT NOT TO SUE ("Agreement") with Arizona Heat Elite, Desert Showdown, Spring it On, Arizona All-Stars, Valley Cheer Dynamics, Valley of the Sun Competitions, Grand Canyon State Championships, and any subsidiary and affiliated entities and HOLD the directors, staff and officials HARMLESS from any claims for NEGLIGENCE or FAULT that we might have against the above named individuals and entities.

**I have voluntarily registered my child to participate in the event(s) named above.**

\_\_\_\_\_  
(PARENT/GUARDIAN INITIALS)



I recognize that my child's participation in any cheerleading, dance or gymnastics practice, competition and events is a HAZARDOUS ACTIVITY, which is dangerous and poses known and unknown risks of serious personal injury and/or death. I have voluntarily registered my child to participate in the event named above despite the recognized and inherent dangers existing and despite the known and unknown risks of serious personal injury and/or death presented by practicing for and participating in following cheerleading and dance competitions.

I understand that this Agreement is a general release barring me, my child and our or any of our representatives, executors, heirs, next of kin, successors, and assigns from bringing any claim (other than claims for willful or wanton conduct) against the event directors, staff, officials and hosting venue for personal injury and/or death if such a claim that in any way relates to my child's practice for or participation in above named event.

**I know my child's capabilities and limitations regarding the events that I have entered or may enter and my child will not attempt to exceed those capabilities.**

THEREFORE, in consideration of being permitted to participate in the following cheerleading and dance competitions, I expressly and freely agree:

1. To ASSUME ALL RISK of serious personal injury and/or death arising from my child practicing for and/or participating in the above named event.
2. To WAIVE any and all claims that I or my child now have or in the future may have against the above named event, its officers, agents, employees, directors, volunteer, consultants, shareholders, venue, affiliated entities, parent entities, and subsidiaries, for any and all loss, damage, injury or expense that my child may suffer, or that my next of kin may suffer, as a result of my child's practice for or participation in any of the events related to cheerleading and dance, due to the NEGLIGENCE or FAULT of the above named event, its officers, agents, employees, directors, volunteers, consultants, shareholders, affiliated entities, parent entities, and subsidiaries, and any entity or person(s) hired to perform any function with respect to the cheerleading and dance competition. Additionally, I agree to WAIVE any and all other claims, other than claims for willful, wanton conduct that I now have or in the future may have against the above named event, its officers, agents, employees, directors, volunteers, consultants, shareholders, venue, affiliated entities, parent entities, and subsidiaries, for any and all loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer, as a result of my child's practice for or participation in any events relating to the cheerleading and dance.
4. To RELEASE FROM LIABILITY AND HOLD HARMLESS Arizona Heat Elite, Desert Showdown, Sunshine Classic-Spring it On, Arizona All-Stars, Valley Cheer Dynamics, Valley of the Sun Competitions, Grand Canyon State Championships, and its officers, sponsors, agents, employees, directors, shareholders, affiliated entities, parent entities, subsidiaries from any and all loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer, as a result of my child's practice for or participating in above named competition, due to NEGLIGENCE or FAULT on the part of the competition directors and its officers, sponsors, agents, employees, directors, shareholders, venue, affiliated entities, parent entities, subsidiaries, volunteers and any entity or person(s) hired to perform any function with respect to the above named competition or any other cause other than willful or wanton conduct on the part of the competition.
5. That I hold a valid personal health insurance policy sufficient in amount to cover any and all circumstances which may arise from participation in the cheerleading and dance competition.
6. That my child is in good health and has no physical condition that would prevent my child from participating in the cheerleading and dance competition.
7. That I will provide to the hosting company updated medical information as listed in Page 1 if there are ANY changes in medication or medical conditions that occur after the signature and date listed below.
8. That this Agreement shall be interpreted in accordance with the laws of the State of Arizona.
9. That I understand and agree that the competition may use my child's name, likeness, video, or photos of my participation in the competition. These rights will in no terms be extended beyond the purpose of promoting these event(s) or series, and will not imply endorsement of any products of the sponsored companies.
10. That this Agreement contains the entire, integrated Agreement and understanding between and among me and the competition directors and that no party is relying on any representation, statement, or understanding except as set forth herein.
11. That the terms and conditions contained in this Agreement shall insure to the benefit of, and be binding upon, me, my child, my agents, heirs, successors, assigns, and personal representatives.
12. That this Agreement may not be amended or otherwise changed except by in writing signed by all parties hereto.
13. That photocopies of this document will be accepted as the original.
14. That the signature affirmation and date listed below apply to ALL events listed in this Agreement.

I have read and understood the terms of this Agreement, accept this Agreement freely and of my own accord, realizing that it is binding upon me, my child, my heirs, assigns and next of kin.

Name of Participant: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Printed Parent or Guardian Name: \_\_\_\_\_ Date \_\_\_\_\_

