NEBRASKA STATE CHEER & DANCE CHAMPIONSHIP LIABILITY RELEASE AND WAIVER FORM

Minor's Name	Parent/Legal Guardian Name
Address	City, State, Zip
Parent Phone Number	School
Cheer Category	AND/OR Dance Category
(hereinafter "Minor"), hereby grant the perm conducted by Varsity Spirit Corporation ("Vuniversal Dance Association("UDA"), NSG and d/b/a National Dance Alliance ("NDA"), Nand the Nebraska Coaches Association (NCA) hold harmless Varsity Spirit, NSG, The Heart "Location"), the affiliates of Varsity Spirit, N Administrators, Inc., a not for profit corpor members, agents and employees of Varsity Sp collectively "Releasees"), from any and all lia claim, judgment, loss, liability, cost and exper or connected with the Event, including any clacatastrophic and / or death) that Minor may in while traveling to and from the site for the E indemnify and hold harmless Releasees and Refrom any further claims, demands or actions to account of damages of any character resulting to and to make good to Releasees any loss or cost I, in my own behalf and on behalf of Minor, he the choreography or execution of the competit Releasees shall bear any responsibility for such I, in my own behalf and on behalf of Minor, he understand its contents. I, in my own behalf and from liability and contains an acknowledgement in my own behalf and on behalf of Minor, further the properties of the pro	relegal guardian of
Signature of Parent/Legal Guardian:	

Supervision: A Coach/Adult (age 21 and over) is required to attend with participants. This Coach will be responsible for the participants at all times. Varsity Spirit Corporation d/b/a/ UCA and/or UDA, NSG Corporation d/b/a NCHA and/or d/b/a NDA, AACCA, NSIAAA and NCA are not responsible for participants' supervision.

Appearance Agreement: I understand that Varsity Spirit d/b/a UCA and/or UDA, NSG d/b/a NCHA and/or NDA, from time to time, produces promotional material relating to its programs. I understand that as participant and/ or a spectator at the Event that Minor may be included in videotapes, DVD's, pod casts and video casts or photographs taken during the Event. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to Varsity Spirit d/b/a UCA and/or UDA, NSG d/b/a NCHA and/or NDA, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape Minor and to utilize such videotapes and photographs and Minor's name, face likeness, voice and appearance as a part of the Event or in any other media now in existence or hereafter developed, in advertising and promoting the Event, in advertising and promoting similar future events or in advertising and promotions relating to Varsity without reservations and limitations. I further understand that neither Varsity Spirit nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges herein granted. I waive any right to inspect or approve the programs, copies thereof and any promotional materials related thereto.

Medical Release: I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the event. In the event of such illness or injury, I authorize Varsity Spirit, NSG, NSIAAA, the NCA to obtain necessary medical treatment for Minor and hereby, in my own behalf and on behalf of Minor, 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 on behalf of Minor for any illness or injury that Minor may sustain during the Event and while traveling to and from the site for the Event whether or not the Event actually occurs.

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him / her to the Event and that he / she shall consume the prescribed dosage for such medications.

Medications (if any):
Allergic to (if any):
Antigic to (if any).
I acknowledge that the Minor suffers from the following conditions:

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Participant 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. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Event will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian:	Date:
Relationship to Minor	Minor Birth date: