NEBRASKA STATE CHEER & DANCE CHAMPIONSHIP - February 18–20, 2027
PARENT / LEGAL GUARDIAN RELEASE & WAIVER

Minor's Name:_____ **Parent/Legal Guardian Name:**_____

School:_____ **Parent Cell Phone:**_____

PLEASE READ BEFORE SIGNING

This form contains an assumption of risk, release and waiver of claims, indemnification provision, medical authorization, and media consent. I am signing individually and, to the fullest extent permitted by law, on behalf of the Minor.

1. PARTICIPATION AND ASSUMPTION OF RISK

I authorize the Minor to participate in the Nebraska State Cheer & Dance Championship (the "Event"). I understand that cheer, dance, stunts, tumbling, travel, crowds, equipment, surfaces, and related activities involve inherent risks, including falls, collisions, strains, sprains, fractures, concussion or other injury, illness, disability, and death. I knowingly and voluntarily assume those risks to the fullest extent permitted by law.

2. RELEASE AND WAIVER

To the fullest extent permitted by Nebraska law, I, for myself and on behalf of the Minor, release and hold harmless Varsity Spirit Corporation d/b/a Universal Cheerleaders Association (UCA) and/or Universal Dance Association (UDA); NSG Corporation d/b/a National Cheerleaders Association (NCHA) and/or National Dance Alliance (NDA); Nebraska State Interscholastic Athletic Administrators Association (NSIAAA); Nebraska Coaches Association (NCA); BigIron Events Center and its owner/operator; American Association of Cheerleading Coaches and Administrators, Inc. (AACCA); and their respective affiliates, directors, officers, representatives, members, agents, employees, volunteers, successors and assigns (collectively, "Releasees") from claims, demands, damages, losses, liabilities, costs and expenses arising from or related to the Minor's participation in the Event, including personal injury, illness, disability or death.

This release expressly includes claims arising from the ordinary negligence of a Releasee, to the extent such claims may lawfully be released. Nothing in this form releases or limits liability that cannot lawfully be released or limited, including liability for gross negligence or willful and wanton misconduct where prohibited by law.

3. TEAM SUPERVISION AND ROUTINES

A coach or responsible adult age 21 or older must attend with participating minors and is responsible for their supervision. I understand that the Event organizers and Releasees are not responsible for supervision that is the responsibility of the Minor's coach, school, team, parent, or legal guardian. I also understand that the Minor's team may create, direct, rehearse, and execute its own choreography and routines, including stunts, and that Releasees are not responsible for those matters except to the extent required by law.

4. INDEMNIFICATION

To the fullest extent permitted by law, I agree to indemnify and hold harmless the Releasees from third-party claims, damages, liabilities, costs, and reasonable attorneys' fees arising from my or the Minor's negligent or wrongful acts or omissions in connection with the Event, or from claims brought by or through the Minor to the extent lawfully subject to indemnification.

5. PHOTO / VIDEO / MEDIA CONSENT

I understand that the Minor may appear in photographs, video, audio, broadcasts, websites, social media, and promotional materials made in connection with the Event. I grant Varsity Spirit, NSG, UCA, UDA, NCHA, NDA, their successors and authorized licensees, sponsors and promotional partners a nonexclusive, worldwide, royalty-free right to use the Minor's name, image, likeness, voice, and appearance for Event-related and organizational promotional purposes, without compensation. I waive any right to inspect or approve such materials.

6. MEDICAL AUTHORIZATION

If the Minor becomes ill or injured and I cannot be reached promptly, or when immediate care is reasonably necessary, I authorize Event personnel to obtain or arrange reasonable first aid, emergency medical evaluation, ambulance transportation, and medical treatment for the Minor. I understand that Event personnel are not medical professionals and that this authorization does not require any person to provide treatment. I accept responsibility for medical and related expenses incurred for the Minor, subject to applicable insurance.

Current medications (if any):_____ Allergies:_____

Medical Conditions/Restrictions:_____

Emergency Contact/Phone:_____

7. ACKNOWLEDGMENT AND SIGNATURE

I have read this form, understand its terms, and have had an opportunity to ask questions. I understand that I am giving up or limiting certain legal rights to the extent permitted by law. I sign voluntarily and represent that I am the Minor's parent or legal guardian and have authority to sign this form. The Event is not guaranteed to occur and may be postponed, modified, relocated, or cancelled.

Parent/Legal Guardian Signature:_____ Date:_____

Printed Name:_____ Relationship to Minor:_____