

WSCCA 2025 Universal Waiver for REC Teams

Medical Release & Audio/Visual Agreement
PLEASE PRINT CLEARLY

Participants Name _____ Participants Birthdate _____

Coach Name _____ Team Name _____

Undersigned parent or legal guardian,

I do hereby grant permission for my son/daughter to participate in the 2025 WSCCA competition. I further acknowledge and understand and agree that by participating in this tournament there is a possibility of physical injury (minimal, serious, and catastrophic) and that my son/daughter is assuming the risk of injury by participating. I authorize any representative of WSCCA 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 and hold harmless WSCCA, including its staff, employees, host and sponsor from and against any and all claims, demand, losses, suits, liabilities, costs, or other damages including court costs and attorney fees, arising from any injury to or death of son/daughter's participation.

I further acknowledge that WSCCA may produce promotional materials for the event, which may include my son/daughter in videos or photographs. I grant WSCCA and its affiliates the exclusive right to use my son/daughter's likeness, name, and voice for event promotion without obligation to utilize these rights.

Rules/Regulation

- No Smoking, alcohol consumption or use of illegal drugs.
- WSCCA reserves the right to discipline any participant for unruly behavior or for conduct unbecoming to the event.
- Participants must respect all venue, campus 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.

Signature of Participant _____

Signature of Parent or Legal Guardian _____

Street Address: _____ City/State: _____ Zip Code: _____

Parent / Legal Guardian Cell Phone: _____

Parent / Legal Guardian E-mail Address: _____

Medical Insurance Company/Policy: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Washington State Cheer Coaches Association