

2024 Universal Waiver

WSCCA Junior State Championships

Medical Release & Audio/Video Consent Form ***Required for REC teams**

PLEASE PRINT CLEARLY

Participants Name _____ Birthdate _____
Team Name _____ Coach Name _____
Parent or Legal Guardian Name _____

I, the undersigned parent or legal guardian, do hereby grant permission for my son/daughter to participate in the 2024 WSCCA Junior State Championships Cheerleading Competition. I further acknowledge and understand and agree that by participating in this competition there is a possibility of physical illness or 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 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 and Tahoma High School, 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 attorney's 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 also state that I have medical insurance to cover any and all costs for any treatment administered.

I understand that WSCCA produces promotional material for the event. I understand that my son/daughter may be included in video or photography taken during this event. I hereby grant WSCCA, 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 is 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 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 _____

Phone _____ Business Phone _____

Email Address _____

Medical Insurance Company/Policy _____

Emergency Contact _____ Phone _____