Medical / Media Waiver

Please complete one waiver per team.

Please fill out this form completely and return it with your registration forms or at check in on the day of competition.

Organization Name_____ Event Attending _____ # of Competitors_____

Coaches Name(s)_____ Team Name _____ Division/Level_____

I, the undersigned parent/guardian, do hereby grant permission for the participant listed below to attend and participate in any Cheer Champs, Inc. (d/b/a/ Cheer Champion Express, CCE). event(s). I, understand that by attending and participating in these events, there is a possibility of physical illness or injury to the athlete. I hereby waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against the Cheer Champs, Inc. (d/b/a/ Cheer Champion Express, CCE). directors, the owners, staff, the sponsors/venue of the event or other associated representatives for any and all damages which she/he may sustain or suffer while attending and participating in the events. Furthermore, I authorize the above directors to act for me according to their judgment, in any emergency requiring medical attention. I, understand and will be responsible for any & all medical bills that may be incurred on behalf of my daughter/son for physical illness or injury they may sustain during the event. I also understand that my daughter/son must be covered under a health insurance policy while attending any Cheer Champs, Inc. (d/b/a/ Cheer Champion Express, CCE).. event. Also, I hereby give permission for my child to be photographed, videotaped and/or audio taped to be used in print or broadcast media as deemed appropriate for promotion of any activity and for publicity surrounding participation in any of these events. I have read the above statement and agree in full to its content & hereby acknowledge that the information below is true and correct.

I certify that I have medical insurance on my child that will provide coverage while she/he participates in any of the events listed above.

Participants Name	D/O/B	Parent's Signature	Date Signed

If you have more than 20 members on a team than please duplicate this form as necessary.

Coaches Signature _____