

Medical Treatment Authorization and Liability Release Form

_____ Participant's Name			_____ Name of Parent/Legal Guardian			_____ Name of Coach/Sponsor		
_____ Address			_____ Your School/Gym Name			_____ Name of Assistant Coach/Sponsor		
_____ City	_____ State	_____ Zip	_____ City	_____ State	_____ Zip	_____ Name of Assistant Coach/Sponsor		
_____ Phone Number			_____ Phone Number			_____ Name of Captain		
<input type="checkbox"/> Cheer or Dance			_____ Date of Birth			_____ Event Date		

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow minor to participate in the above Event to be conducted by JW Enterprises LC doing business as the Cheerleading Stunt Academy (CSA) and Team Dance Academy (TDA). I acknowledge and agree, in my own behalf and on the behalf of the Minor, 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 the Minor, acknowledge that the 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 CSA/TDA to obtain necessary medical treatment for the Minor and hereby, in my own behalf and on behalf of the Minor, release and hold harmless CSA/TDA, the school, on whose premise the Event will occur, (hereinafter the "School") the affiliates of CSA/TDA and the School, and the respective directors, officers, representatives, members, agents, and employees of CSA/TDA, the School and their respective affiliates (hereinafter collectively "releasees") in the exercise 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 the Minor for any illness or injury that the 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, in my own behalf and on behalf of the Minor, further agree to release and to hold harmless Releasees from any and all liability for negligence or any other claim, judgement, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Event, including any claim arising out of or connected with any illness or injury that the Minor may incur or sustain during the Event, all activities associated with the Event and while traveling to and from the site for the Event whether or not the Event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasee's heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other person or persons on account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, damages or costs Releasees may have to pay as a result of any such action, claim or demand.

Appearance Agreement. I understand that CSA/TDA from time to time produces promotional material relating to its programs. I understand that as a participant in and/or a spectator at the Event the Minor may be included in videotapes or photographs taken during the Event. Therefore, without reservation or limitations, I, in my own behalf or the Minor, hereby assign, transfer and grant to CSA/TDA its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and /or videotape the Minor and to utilize such videotapes and photographs and Minor's name, face, likeness, voice and appearance as part of the Event, in advertising and promoting similar future events. I further understand that neither CSA/TDA nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. I represent that any medication to which Minor is allergic or 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.

Medications (if any): _____

Allergic to (if any): _____

I, in my own behalf of the Minor, hereby warrant that I have read this Release and Waiver in its entirety and fully understand it's contents. I, in my own behalf and on behalf of the Minor, am aware that this Release and Waiver releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumptions of the risk of injury or illness. I, in my own behalf and on the behalf of the Minor, further acknowledge that nothing in this Release and Waiver constitutes a guarantee that the Event will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Parent/Guardian Signature: _____ Date: _____

Relation to Minor: _____

I, identified as Minor, acknowledge that I have read this Release and Waiver form.

Signature of Minor: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Address: _____