

NOR*CAL ELITE | PARTICIPATION WAIVER 2019-2020

THIS FORM MUST BE COMPLETED BEFORE PARTICIPATION IN ANY NOR*CAL ELITE ACTIVITY.

Participant Name: _____

Parent/Legal Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Email: _____

Medical Conditions/Allergies: _____

Emergency Contact: _____

Relationship: _____ Emergency Contact Phone: (_____) _____

Please initial each section and complete with your signature at the bottom.

_____ Assumption of Risk I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of above listed minor applicant/participant acknowledge and fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death. I hereby release, discharge, covenants to indemnify and not to sue Nor*Cal Elite its affiliated organizations and sponsors, their coaches, and associated personnel, officers, directors, board members, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the programs of cheerleading, classes, lessons or any program or activities of Nor*Cal Elite and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize.

_____ I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily.

_____ I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of listed minor applicant/participant, acknowledge and agree that I am the parent or legal guardian of the above named minor and therefore have the authority to grant these permissions.

_____ This authorization expires one year from the date it is signed.

Athlete Signature (if 18 years of age or older)

Date

Parent/Guardian Signature

Date