



WAIVER OF LIABILITY/MEDICAL/PUBLICITY RELEASE FORM

Summer Slam ... 2009



I hereby waive and absolve Dance America and all divisions thereof of any and all liability and responsibility for injuries, sickness, accidents, and/or acts of God incurred during participation in and/or instruction of camps, clinics, private coaching, choreography, and/or other cheerleading or dance related activity by myself/my child, whose name is

(Please Print Name Legibly)

2008-2009 Grade

In consideration of my signed release allowing my child/myself to participate in a Dance America activity, I, intending to be legally bound, do hereby, my heirs, executor and administration, waive, release, and forever discharge any and all rights and claims for damage which I may have or which may hereafter accrue to me against Dance America, the camp/clinic directors or their respective employees, office agents, representative, successors, and/or assignee, for any and all damages which may be sustained or suffered by me or my child in connection with my association with or participation in, or riding out of travel to and/or return from the respective Dance America site. In the event of injury/accident/sickness, Dance America officials and/or instructors are to contact the designated adult listed below. In addition, I hereby give my permission for myself/my child to be photographed, videotaped, and/or audio-taped during any Dance America activity. I further give permission for such photographs, videotapes, and audiotapes to be used in print or broadcast media as deemed appropriate for promotion of Dance America activities, and for publicity surrounding participation in Dance America events.

Signature of Parent/Guardian

Parent/Guardian Phone Number (work, cell, etc.)

Home Address

City, State, Zip

Home Phone

Name or Organization/School/Team

Date



Please mail roster sheet and medical waiver with entry deposit or payment

IN CASE OF EMERGENCY, CALL: (Please Print Legibly)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Business Phone: () _____

Doctor's Name: _____ Dr. Phone: () _____

Insurance Company: _____

Policy Number **REQUIRED:** _____

In the event of injury or accident or sickness requiring immediate treatment, I request that every effort be made to contact me directly. If I cannot be reached, I authorize Dance America Personnel to make appropriate arrangements for treatment.

Do you have allergies, asthma or medical problems that might be a concern to Dance America?