

ELITE™

CHEERLEADING & DANCE NATIONAL CHAMPIONSHIPS

Please complete all sections below. Make sure this form is signed by your parent or guardian. We require each person attending the competition to complete this form. **NO ONE CAN PARTICIPATE WITHOUT THIS FORM, AND IT MUST BE RECEIVED NO LATER THAN WEDNESDAY, MARCH 23, 2007.**

MEDICAL TREATMENT AUTHORIZATION & LIABILITY RELEASE

I, the undersigned parent or guardian, do hereby grant permission for _____
Print Name
[hereinafter referred to as Participant] to attend and participate in the above listed Elite Cheerleading, Inc. Competition. I acknowledge and fully understand that in participating in this event, there is a possibility the Participant may sustain illness and/or injury. I authorize any necessary medical and/or hospital treatment for the Participant if she or he is injured or becomes ill during the competition. I understand and will make the Participant aware that any injury or illness must be brought to the attention of the Paramedics/Medical Staff. I release Elite Cheerleading Inc. and its representatives from any claims for injury and/or illness that may be sustained by the Participant in connection with his or her participation in this event. The Participant and I assume the full risk of illness and/or injury with his or her participation and we further release the event location, Elite Cheerleading Inc., as well as their representatives, from any claims of personal illness and/or injury that may be sustained by the Participant in connection with his or her participation in the competition. I accept responsibility for and will pay any and all medical bills that may be incurred by the Participant related to medical treatment for any injury and/or illness sustained. Elite Cheerleading Inc. reserves the right to send any Participant to a hospital or medical clinic/center for treatment with the undersigned Guardian, Parent or Participant assuming full responsibility.

I have read and understood this Authorization and Liability Release in full and agree with its terms.

Parent or Guardian Signature

Participant's Signature (if over age 18)

Emergency Phone Number

Home Phone Number

Organization

APPEARANCE AGREEMENT

I understand that Elite Cheerleading Inc. produces promotional material about its programs. I understand that as a participant, I may be included in video tapes or photographs taken during the event. I hereby grant Elite Cheerleading Inc., its successors, assignees, licensees, sponsors, television networks, and all other exhibitors, the exclusive right to photograph or video tape participant and further use the participant's name, face, likeness, voice, and appearance as part of this program, and in advertising and promoting the program without reservation or limitation. In granting this license, I understand that Elite Cheerleading Inc. is under no obligation to exercise any of its rights, licenses, and privileges herein granted by the participant.

Participant Signature

Date

Parent or Guardian Signature

Date