



ATHLETE WAIVER / MEDIA RELEASE FORM

Athlete Information (PLEASE COMPLETE ONE FOR EACH ATHLETE)

First Name: _____

Last Name _____

Date of Birth: _____ Birth YEAR: _____

Grade 24/25: _____ School Attending: _____

Home Phone: _____

Athlete Cell Phone: _____

Home Address: _____

City: _____ State/Zip: _____ / _____

Athlete E-mail: _____

Athlete Resides With: _____

Primary Contact Email: _____

Alternative Contact Email: _____

Parent/Guardian Information

Mother's Name: _____

Cell Phone: _____

E-mail: _____

Work Phone: _____

Place of Employment: _____

Job Title: _____

Father's Name: _____

Cell Phone: _____

E-mail: _____

Work Phone: _____

Place of Employment: _____

Job Title: _____

Emergency Contact Information

Contact's Name: _____

Contact's Phone: _____

Family Doctor: _____

Phone: _____

Insurance Co.: _____

Phone: _____

Policy #: _____

Preferred Hospital: _____

Medical Information – THIS INFORMATION IS REQUIRED AND YOUR ATHLETE IS NOT ELIGIBLE TO ATTEND PRACTICES WITHOUT IT

Have you ever broken any bones (if so, please describe) _____

Date of last Physical Examination: _____ Medication currently taking: _____

Heart Condition: _____ **Diabetes:** _____ **Asthma:** _____ **Allergies:** _____

If yes to allergies, allergic to _____

Additional Medical information that may be helpful: _____

Acknowledgement of Risk and Waiver of Liability, Authorization to Seek Medical Attention and Media Release

I understand that there may be some risk of injury associated with participation in cheerleading, as well as any other associated Connect Cheer NW activities; and I agree to waive any and all claims of liability, release and hold harmless Connect Cheer NW in the event that such an injury, may occur either to myself, my child, or another family member. In the event of accident, injury, or illness, when parent, legal guardian, or emergency contacts are not available, I give my permission to Connect Cheer NW to procure medical attention. In addition, I understand that there may be some risk in being exposed to various viruses to include COVID-19 and pandemics associated with participating in any activities at Connect Cheer NW and I agree to waive any and all claims of liability and release and hold harmless Connect Cheer NW in the event my athlete, family member, or myself should become exposed to such viruses, illnesses, etc.

I also give permission for photographs and their use in promotional material. For good and valuable Consideration, herein acknowledged as received, and by signing this Release, I hereby give Connect Cheer NW permission to use or license my Unique Personal Indicia, the Photographs and the Video (Licensed Materials) in any manner (excluding pornographic or defamatory), which may include, but is not limited to, social networking Web sites, YouTube, or the Connect Cheer NW Web site. I agree that the Licensed Materials may be combined with other video, text and/or graphics, and may be modified, altered or cropped. I acknowledge and agree that I have no rights in the Licensed Materials and that all rights to the Licensed Materials belong to Connect Cheer NW. I acknowledge and agree that I have no further right to Consideration or accounting and that I will make no further Claim for any reason against Connect Cheer NW. I acknowledge that this Release is binding upon my heirs and assigns. I agree that this Release is irrevocable, worldwide and perpetual, and will be governed by the laws of the State of Washington,

I represent and warrant that I am at least eighteen (18) years of age and have the full legal capacity to execute this Release or, if the Participant is a minor child, AND that I am the legal parent or guardian of the minor child Participant and have the full legal capacity to execute this Release.

Acknowledgement of Risk and Waiver of Liability, Authorization to Seek Medical Attention and Authorization to Seek Medical Attention.

Parent or Legal Guardian Signature

Date