



**2024 Universal Waiver
Comp In the Swamp
Decatur HS
Medical Release & Appearance Form
*Required for Rec teams**



PARTICIPANT NAME AND BIRTHDATE

Eastside Dream Elite, Anne Christiansen
TEAM NAME AND CHEER COACH NAME

PARENT OR LEGAL GAURDIAN NAME

Undersigned parent or legal guardian,
I do hereby grant permission for my son/daughter to participate in the 2024 Comp in the Swamp. I further acknowledge and understand and agree that by participating in this tournament there is a possibility of physical illness (minimal, serious, and catastrophic) and that my son/daughter is assuming the risk of injury by participating. I authorize any representative of Decatur High School or the event party to consent and authorize any medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel for my son/daughter, which may become necessary. I understand I will be notified as soon as possible in the event or an emergency. I understand and agree that all expenses of such treatment are my responsibility. I agree to protect, defend, and hold harmless Decatur High School including its staff, employees, and sponsor from and against all claims, demand, losses, suits, liabilities, costs, or other damages including court costs and attorney fees, arising from any injury to or death of son/daughter's participation.

Rules/Regulation

- No smoking, alcohol consumption or use or illegal drugs
- Decatur High School reserves the right to discipline any participant for unruly behavior or for conduct unbecoming to the event.
- Participants must respect all venue, campus and facility rules and regulations
- Participants must obey all rules and regulations set forth by the event.

I have completely read and understand the above release and rules/regulations.

Signature of Participant

Signature of Parent or Legal Guardian

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Email Address: _____

Medical Insurance Company/Policy: _____

Emergency Contact: _____

Phone Number: _____



Universal Waiver Jungle Jam Auburn Mountainview HS

Medical Release & Appearance Form

*Required for Rec teams

PLEASE PRINT CLEARLY

Participants Name _____ Birthdate _____

Parent or Legal Guardian's Name _____

Program Name & Cheer Coach Name Eastside Dream Elite, Anne Christiansen

Undersigned parent or legal guardian,

I do hereby grant permission for my son/daughter to participate in the Jungle Jam Cheer Competition. I further acknowledge and understand and agree that by participating in this tournament there is a possibility of physical illness (minimal, serious, and catastrophic) and that my son/daughter is assuming the risk of injury by participating. I authorize any representative of Auburn Mountainview High School or the event party to consent and authorize any medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel for my son/daughter, which may become necessary. I understand I will be notified as soon as possible in the event of an emergency. I understand and agree that all expenses of such treatment are my responsibility. I agree to protect, defend and hold harmless Auburn Mountainview, including its staff, employees, and sponsor from and against any and all claims, demand, losses, suits, liabilities, costs, or other damages including court costs and attorney fees, arising from any injury to or death of son/daughter's participation.

Rules/Regulation

- No Smoking, alcohol consumption or use of illegal drugs.
- Auburn Mountainview School reserves the right to discipline any participant for unruly behavior or for conduct unbecoming to the event.
- Participants must respect all venue, campus and facility rules and regulations.
- Participants must obey all rules and regulations set forth by the event.

I have completely read and understand the above release and rules/regulations.

DATE _____
Signature of Participant

DATE _____
Signature of Parent or Legal Guardian

Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Business Phone _____
Email Address: _____
Medical Insurance Company/Policy: _____
Emergency Contact: _____
Phone Number: _____

Spirit of Northshore

2024 Spirit of Northshore Cheerleading Competition

Medical Release & Audio/Video Consent Form *Required for REC teams

PLEASE PRINT CLEARLY

Participants Name _____ Birthdate _____
Team Name Eastside Dream Elite Coach Name Anne Christiansen
Parent or Legal Guardian Name _____

I, the undersigned parent or legal guardian, do hereby grant permission for my son/daughter to participate in the 2024 Spirit of Northshore Cheerleading Competition. I further acknowledge and understand and agree that by participating in this competition there is a possibility of physical illness or injury (minimal, serious, and catastrophic) and that my son/daughter is assuming the risk of injury by participating. I authorize any representative of Northshore School District, or the event party to consent and authorize any medical attention, treatment, surgery or administration of drugs by qualified and licensed personnel for my son/daughter, which may become necessary. I understand I will be notified as soon as possible in the event of an emergency. I understand and agree that all expenses of such treatment are my responsibility. I agree to protect, defend, indemnify and hold harmless Bothell High School and Northshore School District, including its staff, employees, and sponsors from and against any and all claims, demand, losses, suits, liabilities, costs, or other damages including court costs and attorney's fees, arising from any injury to, or death of son/daughter, the undersigned, or any other persons or damage to or destruction of property arising out of or in connection with any damage to third parties occasioned by, incident to, arising out of, or in connection with my son/daughter's participation. I also state that I have medical insurance to cover any and all costs for any treatment administered.

I understand that Bothell High School produces promotional material about the event. I understand that my son/daughter may be included in video or photography taken during this event. I hereby grant Bothell High School, its successors, assignees, licenses, sponsors, any television networks and all other commercial exhibitors the exclusive right to photograph and/or videotape my son/daughter and further to utilize my son/daughter's name, face, likeness, voice and appearance as part of the event, and in advertising and promotion of the event, without reservation or limitation. In granting this license, I understand that Bothell High School is under no obligation to exercise any of its rights, licenses and privileges herein granted.

Rules/Regulations

- No smoking, consumption of alcoholic beverages or use of illegal drugs allowed.
- Bothell High School reserves the right to discipline any participant for unruly behavior or for conduct unbecoming to the event.
- Participants must respect all venue, campus and facility rules and regulations.
- Participants must obey all rules and regulations set forth by the event.

I have completely read and understand the above release and rules/regulations.

Signature of Participant

Signature of Parent or Legal Guardian

Street Address _____

City _____ State _____ Zip _____

Phone _____ Business Phone _____

Email Address _____

Medical Insurance Company/Policy _____

Emergency Contact _____ Phone _____

2025 Harbor Cheerfest Cheerleading Competition

Medical Release & Appearance Form
PLEASE PRINT CLEARLY

Participant Name

Participant's Grade

School Name

Eastside Dream Elite

Cheer Coach Name

Anne Christiansen

Parent or Legal Guardian

I, the undersigned parent or legal guardian, do hereby grant permission for my son/daughter to participate in the 2023 Harbor CheerFest Competition. I further acknowledge and understand and agree that by participating in this tournament there is a possibility of physical illness or injury (minimal, serious, and catastrophic) and that my son/daughter is assuming the risk of such injury by participating. I authorize any representative of Peninsula School District, or the event party to consent and authorize any medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel for my son/daughter, which may become necessary. I understand I will be notified as soon as possible in the event of an emergency. I understand and agree that all expenses of such treatment are my responsibility. I agree to protect, defend, indemnify and hold harmless Peninsula High School, Gig Harbor High School and Peninsula School District #401, including its staff, employees and sponsors from and against any and all claims, demand, losses, suits, liabilities, costs, or other damages including court costs and attorney's fees, arising from any injury to, or death of son/daughter, the undersigned, or any other persons or damage to or destruction of property arising out of or in connection with any damage to third parties occasioned by, incident to, arising out of, or in connection with my son/daughter's participation. I also state that I have medical insurance to cover any and all cost for any treatment administered. I understand that Gig harbor High School produce's promotional material about the program. I understand that my son/daughter may be included in videotape or photography taken during this event. I hereby grant Gig Harbor High School, its successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors the exclusive right to photograph and/or videotape my son/daughter and further to utilize my son/daughter's name, face, likeness, voice and appearance as part of the event, and in advertising and promotion of the event, without reservation or limitation. In granting this license, I understand that Gig Harbor High School is under no obligation to exercise any of its rights, licenses and privileges herein granted.

Rules/Regulations

- No smoking, consumption of alcoholic beverages or use of illegal drugs allowed.
- Gig Harbor High School reserve the right to discipline any participant for unruly behavior or for conduct unbecoming to the event.
- Participants must respect all venue, campus and facility rules and regulations.
- Participants must obey all rules and regulations set forth by the event.

PLEASE SIGN THE BACK AND RETURN WITH REGISTRATION

2025 Harbor Cheerfest Cheerleading Competition

Medical Release & Appearance Form
PLEASE PRINT CLEARLY

I have completely read and understand the above release and rules/regulations.

Signature of Participant:

Signature of Parent or Guardian: Signature of Participant:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

E-mail Address: _____

Medical Insurance Company/Policy: _____

Emergency Contact: _____

Phone Number: _____