

THE AMERICHEER FAMILY OF BRANDS MEDICAL RELEASE FORM

Participant: Birthdate:

Team:

Medical Treatment Authorization and Liability Release

In the event of an emergency, I give my permission for medical treatment to be administered to my son/daughter name above when neither parent/guardian can be reached. I acknowledge that the above named participant must have his/her own medical/accident insurance. I understand that all athletic events have the risk of physical injury and the participant assumes the risk of such injury by participating. I further agree not to hold AmeriCheer, AmeriDance, and ECDA, the host organizations or any of their employees, vendors or volunteers liable for any and all injuries that may occur while participating in the above named event.

Waiver of Liability, Assumption of Risk; and Indemnity Agreement

I represent that I understand the nature of this activity and that I am qualified, in good health and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe or I am unable to safely perform any activity, I will immediately discontinue participation in the activity.

I fully acknowledge, understand, appreciate and agree, that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Releasees named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

I further acknowledge, understand, appreciate and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation and exposure.

I hereby release, discharge, and covenant not to sue your business, it's administrators, directors, agents, officers, volunteers, employees, contractors, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of the premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, damages, on my account caused or alleged to be caused in whole or in part by the negligence of the RELEASEES or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk, I or anyone on my behalf, makes a claim against any of the RELEASEES, I will indemnify, defend, and hold harmless each of the RELEASEES from any loss, liability, damage, or cost, which any may incur as the result of such a claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, and I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any portion of this Agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Publicity Release

I, hereby, grant permission to AmeriCheer, AmeriDance, and ECDA, , and its successors and assigns, the unrestricted right to use the above named participants picture or image in any advertising and/or literature, website or events coordinated by them.

I certify that all information contained in the above form to be true and by signing this document agree that all participant eligibility, event rules and regulations have and will be followed. I understand that if challenged, proof of my child's age must be provided.

Parent/Guardian:

Emergency Contact:

Medications:

Conditions/Allergies:

Medical Insurance Company (each participant must carry medical insurance):

Policy #:

Signature of Parent/Guardian (or Participant, if 18 or older):