

CheerExpo Waiver Form

Please fill out the entire form. One form must be completed by EACH member AND Coach

Participants Name: _____ Age: _____ Grade: _____

Address: _____

Phone: (_____) _____ Email Address: _____

Date of Birth (D/M/Y): _____ School/Club Name: _____
(Please list all)

Position of Participant (circle one): Coach Athlete Teacher Advisor Parent Ex-Athlete Other

Doctor: _____ Doctor Phone: (_____) _____

Insurance Company*: _____ Policy Number*: _____
(*Required for foreign and US residents)

REQUIRED: Canadian Residents Only. Provincial Health Program Number (i.e. Health Card Number,

Medicare, etc): _____ Expiry Date: _____

Medical Conditions: _____

Allergies: _____

Parent/Guardian Name(s): _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Emergency Contact Name(s): _____

Home Phone: (_____) _____ Work Phone: (_____) _____

In this activity, as in all athletic activities, there is an inherent risk of injury and/or death. I do hereby on behalf of myself and/or my child, my family and friends, release and forever discharge the Halifax Regional Municipality, CheerExpo, and the Halifax Forum, and their respective employees, partners, members, volunteers, instructors, exhibitors, clients, contractors, officers, and owners from any and all claims, demands, and causes of action for any injury to persons or property resulting from participation in the CheerExpo competitions, events, and or activities, including traveling to and/or from the event(s). I further attest and acknowledge that I/my child am/is in good medical condition and am/is physically able to participate in this event. In the event of cancellation, CheerExpo will reimburse fees paid to CheerExpo only, and will not be held responsible for travel, accommodation or any other costs incurred as a result. I understand and consent to the fact that myself/my child may be photographed and/or videotaped at the event for CheerExpo promotional purposes.

I also understand that in the event of injury or sickness, first aid will be rendered and/or if necessary, or instructed to do so, I give permission to take myself/my child to such a place as may be necessary for proper care. I grant permission for any hospital or clinic staff members to administer immediate treatment if necessary.

Parent/Guardian

Signature: _____ Date (D/M/Y): _____

Participant Signature if 18 or Over