

CheerExpo Waiver Form

Please fill out the entire form. One form must be FULLY READ and completed for/by EACH member AND COACH. The original signed copy must be remitted to CheerExpo.

Participants Name: _____ Age: _____ Grade: _____
Date of Birth (D/M/Y): _____ School/Club/Team Name: _____
(Please list all)
Home Address: _____
Phone: (_____) _____ Email: _____
Position of Participant (circle one): Coach Athlete Teacher Advisor Parent Ex-Athlete Other
Insurance Company*: _____ Policy Number*: _____
(*Required for foreign and US residents only)

REQUIRED*: Canadian Residents Only. Provincial Health Program Number (i.e. Health Card Number, Medicare, etc): _____ Expiry Date: _____
(if applicable)

Medical Conditions: _____
Allergies: _____
Parent/Guardian Name(s): _____
Home Phone: (_____) _____ Work Phone: (_____) _____
Additional 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 event facility (venue), CheerExpo Cheerleading and Dance Events Inc (CheerExpo), and their respective employees, partners, members, volunteers, instructors, exhibitors, clients, contractors, directors, speakers, officers, and owners from any and all claims, demands, and causes of action for any injury to persons or property resulting from participation in 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. A chaperone/Adult (over the age of 21) is required to attend with participants. This chaperone will be responsible for the participants at all times. CheerExpo is not responsible for the supervision of these participants. In the event of event 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. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may result. More information about CheerExpo, including contact information, can be found at www.cheerexpo.com

Parent/Guardian
Signature: _____ **Date (D/M/Y):** _____
Participant Signature if 18 or Over