

AASCF Waiver/Release, Medical Release & Appearance form

PARTICIPANTS -- READ BEFORE SIGNING

PLEASE PRINT CLEARLY

Participant Name _____ D.O.B _____

School /Club /Gym Name _____ Coach Name _____

In consideration of _____, myself / my child, participating in any way at Australian All Star Cheerleading Federation (AASCF) events & activities, the undersigned acknowledges, & agrees that:

I, the undersigned parent or legal guardian, do hereby grant permission for my son/daughter to participate in any **2014** Australian All Star Cheerleading Federation Events.

I further acknowledge and understand and agree that by participating at AASCF events 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 the AASCF 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 the AASCF or the event party, 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 willingly agree to comply with the AASCF events stated & customary terms & conditions for participation. If I observe any unusual significant concern in my child's readiness for participation &/or in the competition itself, I will remove my child from the participation & bring such attention of the nearest official immediately;

I understand the AASCF produces 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 the AASCF, 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.

Rules / Regulations

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

I HAVE READ THIS RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, & SIGN IT FREELY & VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Participant: _____ Date: _____

Name & Signature of Parent or Guardian: _____ Date: _____

Street Address: _____

Suburb: _____ State: _____ Post code: _____

Home Phone: _____ Business Phone: _____ E-mail Address: _____

Emergency Name & Contact: _____

Medical History & Details: _____ Ambulance: **Yes / No**