



# The Carnival Classic

## Rec Release Form Nov 12, 2023



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 Carnival Classic 2022. 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 such injury by participating. I authorize any representative of River Ridge 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, indemnify and hold harmless River Ridge High School, and North Thurston Public Schools, 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 River Ridge High School produce's promotional material about the program. I understand that my son/daughter may be included in videotape or photograph taken during this event. I hereby grant River Ridge 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 River Ridge 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.
- River Ridge 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.

**PLEASE SIGN THE BACK AND RETURN WITH REGISTRATION**

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:

# 2023 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 Christensen

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.
- Peninsula 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**



**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: \_\_\_\_\_

# 2024 Universal Waiver

## WSCCA Junior State Championships

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 WSCCA Junior State Championships 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 WSCCA, 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 WSCCA and Tahoma High School, 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 WSCCA produces promotional material for the event. I understand that my son/daughter may be included in video or photography taken during this event. I hereby grant WSCCA, 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 WSCCA 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.
- WSCCA 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 \_\_\_\_\_