

2025-2026
Universal Waiver & Consent Form
(Liability, Medical, and Media)
For Recreational Teams

PLEASE PRINT CLEARLY

Participants Name _____ Participants Birthdate _____
Coach Name Anne Christiansen Team Name Eastside Dream Elite
Competition Location (Host School) Mt Tahome Date of Competition (MM/DD/YY) 1/31/25

I grant permission for my son/daughter to participate in the above-named competition. I acknowledge that participation in cheerleading, dance, and related activities involves inherent risks, including the possibility of physical injury (minimal, serious, or catastrophic), and that my son/daughter assumes these risks by participating.

I understand that while at this competition, my son/daughter is expected to conduct themselves responsibly and follow all event, team, and facility rules. I accept responsibility for their actions and understand that failure to comply may result in disciplinary action or removal from the event.

I authorize any representative of the host organization, event staff, or medical personnel to provide necessary medical care, treatment, or surgery should an emergency occur, with the understanding that I will be notified as soon as possible. I agree that all related expenses are my responsibility.

I agree to release, defend, and hold harmless the host organization, event staff, volunteers, sponsors, and facility providers from any and all claims, demands, liabilities, or damages (including court costs and attorney's fees) arising out of my child's participation in, or conduct during, this competition.

I further acknowledge that the host organization may produce photos, videos, or recordings of the event that may include my child. I grant permission for their likeness, name, and voice to be used for event-related promotional purposes without compensation or obligation.

Rules/Regulations

- No smoking, alcohol, or illegal drugs.
- Participants must follow all rules of the host organization, event, and venue.
- The host organization reserves the right to remove any participant for unsafe or inappropriate conduct.

I have read and fully understand the above release and rules.

Signature of Participant _____

Signature of Parent or Legal Guardian _____

Street Address: _____ City/State: _____ Zip Code: _____

Parent / Legal Guardian Cell Phone: _____

Parent / Legal Guardian E-mail Address: _____

Medical Insurance Company/Policy: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

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