



Team Waiver Form
 Little Highlanders Cheer Classic

Bridgetown Youth Cheerleading Association
 October 23, 2011 Oak Hills High School

Team Name: _____

Please Circle One Choice: All-Star Recreational/School **Please Circle One Choice:** Mount Non-Mount

Grade (Please Circle One Choice): 1 2 3 4 5 6 7/8 Junior Varsity H.S. Varsity H.S.

- 1) List each team member on the team waiver form.
- 2) Fill out each line completely including signatures.
- 3) Must be submitted with Registration Form by October 1, 2010.

In consideration of my minor child/ward, being allowed to participated in any way in the Little Highlanders Cheer Classic program, events, and/or activities, the undersigned acknowledges and agrees that the risk of injury to my child from the activities involved is significant including the potential for injury, disability, or death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk does exist; and for myself, spouse, and child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of these releases or others, and assume full responsibility for my child's participation. I myself, my spouse, and my child on behalf of my/our heirs, assigns, personal representatives, and next of kin, hereby release the other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event with respect to any and all injury, disability, death, or loss or damage to person or property incident to my child's involvement in this program, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by the law; and do also hereby indemnify and hold harmless of the above releasers from any and all liabilities incident to my involvement or participation in these programs, even if arising from their negligence, to the fullest extent permitted by law. All photos and videos taken are the sole property of said and may be used in advertising, commercials, brochures, etc..

I certify that I have medical insurance on my child and that I have read and agreed to the above stipulations set forth by Bridgetown Youth Cheerleading Association.

	Name of Participant	Age as of 5/31/11	DOB	Grade	Signature of Parent/Legal Guardian	Date Signed
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Duplicate form as needed for additional members (up to 35 participants).

Head Coach Signature: _____