



NCA and NDA SUMMER CAMP ADULT RELEASE AND WAIVER



Every Advisor/ Coach/Chaperone must have a completed and signed release form to turn in at registration on the first day of camp to participate. ALL areas must be completed. *Please photocopy and distribute to each adult attending. Coach must retain a copy of each form to keep with you throughout the event.*

_____ Name	_____ School/Group Name	_____ Location where you will attend camp
_____ Address	_____ School/Group Address	_____ Camp City & State
_____ City, State & Zip ()	_____ School/Group City, State, & Zip ()	_____ Camp Dates
_____ Phone Number	_____ School/Group Phone Number	<input type="checkbox"/> Check here if you are the Advisor/Coach <input type="checkbox"/> Check here if you are a Chaperone
_____ Email Address	Are you employed by the school or school district? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you over 21 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I agree to participate in the above camp to be conducted by Varsity Spirit Corporation ("Varsity Spirit") d/b/a National Cheerleaders Association ("NCA") and/or d/b/a National Dance Alliance ("NDA"). I further agree to release and to hold harmless Varsity Spirit, Varsity Spirit's Corporate Sponsors (hereinafter "Sponsors"), the Hosting Site, (university, hotel, convention center, high school) on whose premises the Camp will occur (hereinafter the "Location") the affiliates of Varsity Spirit, the Location, and the respective directors, officers, representatives, members, agents and employees of Varsity Spirit, Sponsors, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability, whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that I may incur or sustain during the Camp, all activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by me or by any other persons on the account of damages of any character resulting to me in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss of costs Releasees may have to pay as a result of any such action, claim, or demand.

I hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Liability Release constitutes a guarantee that the Camp will occur. I have signed this document voluntarily and of my own free will.

X Signature: _____ Date: _____

Medical Release. I acknowledge and agree that such participation subjects me to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I acknowledge that I am assuming the risk of such illness or injury by participating in the camp. In the event of such illness or injury, I authorize Varsity Spirit to obtain necessary medical treatment for me and hereby release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that I may sustain during the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

Appearance Agreement. I understand that Varsity Spirit d/b/a NCA and/or NDA from time to time produces promotional material relating to its programs. I understand that as a participant and/or a spectator at the Camp, I may be included in videotapes, photographs, DVDs, podcasts, and videocasts taken during the Camp. Therefore, without reservation or limitations, I hereby assign, transfer and grant to Varsity Spirit d/b/a NCA and/or NDA, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape me and to utilize such videotapes and photographs and my name, face, likeness, voice and appearance as a part of the Camp, in advertising and promoting the Camp or in advertising and promoting similar future events. I further understand that neither Varsity Spirit nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. I waive any right to inspect or approve any materials related thereto.

Camp Rules. I further acknowledge and understand that Varsity Spirit has established rules and regulations pertaining to conduct, behavior and activities of all Camp participants by which I agree to abide during the Camp, and that I will be responsible for my failure to abide by those rules and regulations. I have received, read and understand the Camp rules. I understand that violation of the rules can result in dismissal from Camp with no refund.

Insurance and Medical Information I represent that any medication to which I am allergic or medications that I am currently taking are listed below. I agree that I shall bring medications which I am currently taking with me to the Camp and that I shall consume the prescribed dosage for such medications. **Varsity Spirit will not administer or supply any type of medication at camp.**

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that I suffer from the following conditions: _____

Family Doctor: _____ Phone Number: () _____ Your Birthdate: ____/____/____

Adult's Social Security Number (not required but helpful for quick verification of insurance policy by hospital/clinic): ____/____/____

Insurance Company: _____ Insurance Company Address: _____

Medical Insurance Policy/Group Number - REQUIRED: _____ Insurance Company Phone # : _____ - _____ - _____

Emergency Information: Name to contact: _____ Em Contact Address: _____
City, State, Zip: _____ Cell Phone Number: () _____
Daytime Telephone: () _____ Evening Telephone: () _____

I hereby warrant that I have read this Adult Release and Waiver Form in its entirety and fully understand its contents. I am aware that this Adult Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Adult Release and Waiver Form constitutes a guarantee that the Camp will occur. I have signed this document voluntarily and of my own free will.

X Signature of Adult: _____ Date: _____

Witness Signature: _____ Address: _____ Date: _____