ORGANIZATION/TEAM NAME:



RFFMFNT $oldsymbol{\Omega}$ F $oldsymbol{\Omega}$

DATE SUBMITTED:

eliminated without jeopardizing the essential qualities of the activities. I also understand and acknowledge that injuries received by my child may be compounded or increased by negligent rescue operations or the assistance of YCADA Representatives (defined below). Understanding such dangers, I hereby knowingly and voluntarily enroll my child in the YCADA cheerleading event, I give my permission for my child to engage in the activities described herein, and I assume the risk of the activities permanent physical and emotional injuries to my child, my child's death, damage to property, and injury to others. I understand that such risks are inherent in the activities and that even with precautions and safety measures they simply cannot be "YCADA"), which include dance, gymnastics, stunting, jumping and tumbling components. I acknowledge that my child's participation in the YCADA cheerleading activities entails both known and unanticipated risks that could result in serious and As the parent or legal guardian of the below-listed child, I freely acknowledge that I have voluntarily registered my child to participate in cheerleading activities of Youth Cheer And Dance Alliance., a California nonprofit corporation (hereinafter

MAIN CONTACT:

SIGNATURE:

involving my child. I understand that I my child would not have permission to participate in the YCADA cheerleading activities without agreeing to these terms and conditions. I represent that my child is in good health, that I adequately informed YCADA Representatives running the activities of any special instructions regarding my child's health or physical condition. I certify that I have adequate insurance to cover any

to administer first aid or immediate medical treatment to my child should my child become injured or ill Representatives to call for medical care for my child or to transport my child to a medical facility or hospital if in the opinion of such personnel, my child needs medical attention. I hereby authorize and grant permission to emergency medical personnel in the opinion of such personnel, my child needs medical attention. I hereby authorize and grant permission to emergency medical personnel in the opinion of such personnel. injury or damage that my child may suffer while participating in the YCADA cheerleading activities. I agree to bear the costs of any injury or damages my child may suffer while participating in the YCADA cheerleading activities. I hereby authorize YCADA

means any and all claims, demands, losses, causes of action, lawsuits or judgments of any and every kind that occurs during or incidental to the above-described activities, that results from any cause whether caused by the negligence of the YCADA representatives or affiliates and their respec-tive heirs, successors, and assigns (collectively with YCADA, "YCADA Representatives") from any and all liability arising out of or in connection with the above-described activities involving my child. "Liability" c. On behalf of my child and myself, I hereby knowingly and voluntarily release and forever discharge YCADA or its employees, agents, coaches, instructors, assistants, officers, directors, owners, shareholders, subcontractors, and any other

related to the above-described activities, whether caused by the negligence of YCADA Representatives or otherwise. D. I hereby agree to and shall indemnify, defend, save and hold harmless YCADA Representatives from and against any and all loss, liability, damage, or cost YCADA Representatives may incur, including attorneys' fees and litigation costs, arising out of or

F. I give YCADA Representatives the right to photograph or video tape my child, or likeness of my child, for any reproductions associated or in any way connected with any televised or filmed event undertaken by YCADA. Specifically, I hereby forever force and effect. and inclusive as is permitted by the laws of California and any other state whose laws apply to the activities described herein, and that if any portion of this form is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal E. I hereby agree that the assumption of risk, the release and waiver of liability, and the indemnity agreements contained herein extend to all acts of negligence by YCADA Representatives including negligent rescue operations, is intended to be as broad

Representatives or anyone else. I intend by my signature for this form to be a complete and unconditional release of any and all liability to the greatest extent allowed by law. I understand and agree that this form cannot be amended or modified by any this form and my attorney has done so or I have knowingly and voluntarily chosen not to have my attorney review this form. I have signed this form freely and voluntarily without inducement of any kind or guarantee being made by YCADA and irrevocably grant to YCADA a license and permission to use any such photographic or video reproduction of my child in any form of advertisement for YCADA or its promotional purposes oral statements or other writings from any YCADA Representatives and that it is binding on my child, myself, and our heirs, successors, distributees, guardians, legal representatives, and assigns By signing this form I represent that I have read this form thoroughly and understand it completely, including the substantial legal rights I am giving up for my child and myself by signing it. I have had the opportunity to have my own attorney review

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																				Stephanie Smith	PARTICIPANT NAME
																				01/01/95	DOB
																				F	M/F
																				Blue Cross	INSURANCE COMPANY NAME
																				MIKE Smith	PARENT/LEGAL GUARDIAN SIGNATURE
																				5/25/19	DATE SIGNED
																				(555) 555-5555/mike Smith	CELL # / EMERGENCY CONTACT

If you have more than 20 participants in your organization/team, please duplicate this form as necessary.