

# ALL-STAR CHEERLEADING, Inc. ★ TEAM WAIVER FORM

*TEAM WAIVER FORMS MUST BE COMPLETED AND RECEIVED 10 DAYS PRIOR TO THE EVENT.*

*Mail to:* All-Star Cheerleading, PO Box 280, Columbiana, OH 44408 OR *Fax to:* 1.800.864.3680 (and then MAIL us the original – we MUST have original copy on file in our office!)

*Waiver forms can be submitted ONE TIME and will be good for all ALL-STAR CHEERLEADING, Inc. Events.* You do not need to re-submit waivers for teams that compete at more than one of our events.

**EXCEPTIONS:** 1.) A waiver must be submitted for any new team member that has joined the team and 2.) A waiver must be re-submitted for any team members that have changed their insurance information since a previously attended event.

Gym/School/Organization \_\_\_\_\_ Event (s) Attending \_\_\_\_\_

Team Name \_\_\_\_\_ Division Code \_\_\_\_\_ Division Name \_\_\_\_\_

**PARENTS/GUARDIANS: READ BEFORE SIGNING THIS FORM**

I, the undersigned parent/guardian of the participant listed below, do hereby give permission for him/her to attend and participate in any All-Star Cheerleading, Inc. event with All-Star Cheerleading. I understand that by attending and participating in these events, there is the possibility of physical illness or injury to him/her. I hereby waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against the directors of All-Star Cheerleading, Inc., the owners, staff, the sponsors/venues of the event or other associated representatives for any and all damages which she/he may sustain or suffer while attending and participating in the events. Furthermore, I authorize the directors of All-Star Cheerleading, Inc. to act for me, according to their judgment, in any emergency requiring medical attention. Also, I hereby give my permission for my child to be photographed, videotaped, and/or audio taped to be used in print or broadcast media as deemed appropriate for promotion of any All-Star Cheerleading, Inc. activity and for publicity surrounding participation in any of these events.

I CERTIFY THAT I HAVE MEDICAL INSURANCE ON MY CHILD THAT WILL PROVIDE COVERAGE WHILE SHE/HE PARTICIPATES IN ANY ALL-STAR CHEERLEADING, INC. EVENT.

PARTICIPANT NAME	AGE	BIRTHDATE MM/DD/YYYY	INSURANCE COMPANY NAME	POLICY NUMBER	SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE SIGNED
1.						
2.						
3.						
4.						
5.						
6.						
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9.						
10.						
11.						
12.						
13.						
14.						
15.						

If you have more than 15 members on this team, please duplicate this form as necessary.

Coach Signature \_\_\_\_\_