

Name of Organization: _____

Name of Athlete: _____

**Wisconsin Association of Cheer/Pom Coaches, Inc.
MEDICAL WAIVER AND RELEASE OF LIABILITY**

Each Participant MUST have a release on file at competition site.

I, _____, the natural parent, legal guardian and/or managing
(Name of Parent, legal guardian, managing conservator)
conservator of _____, do hereby acknowledge and state that said

(Participants name)

student is presently under my care, custody, and control and that I possess the authority to grant the permission and authorization stated herein. In consideration of being allowed for my child to participate in any way in the Wisconsin Association of Cheer/Pom, Inc. (WACPC) cheer/dance programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. My child has no conditions which would prohibit or restrict his/her participation with the WACPC State Junior and Middle School Cheer and Dance Championships, WACPC State All Star Cheer and Dance Championships, WACPC Regional High School Cheer and Dance Championships and WACPC State High School Cheer and Dance Championships or any of the WACPC, Inc. events.
2. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while participation rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation and,
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, my child observes any unusual significant hazard during their presence or participation, they will remove themselves from participation and bring such to the attention of the nearest official immediately; and,
5. On behalf of my child, as their natural parent, legal guardian and/or managing conservator, I HEREBY RELEASE AND HOLD HARMLESS **WACPC**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I authorize any representative of the WACPC Board of Directors to locate qualified and licensed medical personnel and/or transport said student to an appropriate medical facility in the event that it may become necessary.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANCIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I understand I will be notified as soon as possible in the event of an emergency. My insurance company and I will assume all expenses of such treatment.

(Signature of Parent, legal guardian and/or managing conservator)

(Date of signature)

Address

City

Zip

(Home Phone Number)

(Cell Phone Number)

