
WISCONSIN ASSOCIATION OF CHEER/POM COACHES, INC.
TEAM LIABILITY FORM

Review the expectations listed on this page with your team.
This form must be signed by every head coach and a school/gym administrator for all WACPC competitive events and returned with registration materials no later than
January 2, 2012 for Dance, JAM, and All Star or January 14, 2012 for Cheer and Stunt Groups.

I _____ (coach/person responsible for the team) understand that we may be allowed to use a classroom or designated area to store uniforms and equipment at WACPC event sites. I also understand that these areas and their contents are property of the event site host, and I understand that if anything in our area is broken and/or stolen, our school or organization will be responsible for replacing and/or repairing it, whichever is deemed appropriate by the event site host.

I will not hold WACPC or any host site responsible for any valuables that would be missing from any assigned room at any time. I understand that at no time are parents and/or spectators allowed in these areas.

I _____ (coach/person responsible for the team) understand that it is my responsibility to have on my person any and all emergency information for all of my athletes. . To my best knowledge none of my athletes have conditions which would prohibit or restrict her/his participation.

I _____ (coach/person responsible for the team) have obtained permission from my athletes parents/guardians to allow their child to participate in the WACPC competitive events.

It is also my responsibility to inform parent/guardians of the following:

I _____ (coach/person responsible for the team) have informed my athletes, parent/guardians of the inherent and significant risk involved with the sports of cheer and dance. The risks of injury involved in cheer and dance are significant and while participation rules, equipment, and personal discipline, may reduce this risk, the risk of serious injury does exist. All parent/guardians have KNOWINGLY AND FREELY ASSUMED ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for their child's participation.

All such forms will also RELEASE AND HOLD HARMLESS WACPC, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable owners and leasers or premises used to conduct event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss, damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE REALEASEES OR OTHERWISE.

All parents/guardians understand and authorize any representative of the WACPC to locate qualified and licensed medical personnel and/or transport their athlete to an appropriate medical facility in the event that it may become necessary.

Signature of Team Coach

Date

Signature of Organization Administrator

Date

MAIL THIS FORM WITH TEAM REGISTRATION MATERIALS TO:
WACPC, INC. PO Box 2215 APPLETON, WI 54912-2215