

# MEDICAL RELEASE/LIABILITY WAIVER EMERGENCY INFO/PHOTO WAIVER

NO participation in any CCA event is allowed without this signed form. All coaches must also complete this form. All signatures must be that of a legal parent or guardian. One form per person covers all CCA events at all locations/campuses during the the cheer season from the beginning of summer camps one year to the beginning the next year/season. A separate form must be completed for each child, even in the same family with same parents. Coaches should make copies. Original must remain in presence of CCA Official

**NAME OF PARTICIPANT** \_\_\_\_\_

*please print legibly*  
**SCHOOL/TEAM** \_\_\_\_\_ **SEASON** \_\_\_\_\_

I, the undersigned parent or guardian, do hereby grant permission for my child, as named above shall herein after be referred to as **participant**, to participate in the Christian Cheerleaders of America cheerleading camp, competition or other event conducted by Christian Cheerleaders of America. I grant my permission for said participant to receive the necessary medical or other treatment in the event of an injury or illness. I hereby hold Christian Cheerleaders of America and its representatives (including directors, instructors, staff, host campuses and their personnel) and its subsidiaries, now and future (such as CCA Christian Cheer Nationals and Collegiate Championships, Christian Cheer Championship series and Spirit Store) harmless in the exercise of this authority.

I further acknowledge, understand and agree that in taking part in this camp/athletic activity/competition, there is possibility and even inherent risk of physical injury or illness and that participant and parent/guardian is assuming the risk of such injury or illness by participation.

I further agree to hold harmless Christian Cheerleaders of America, including its directors, officers, campus and campus officials and staff as well as the above mentioned subsidiaries (ie, Christian Cheerleaders of America and Spirit Store) from any and all liability for any claim whatsoever, including any claim arising out of any injury or illness incurred by participation during the course of the camp/athletic activity including, but not limited to, rehearsals, social activities, practices, competitions, and/or other activity associated with the course of the camp or activity, including travel to/from such activity.

**WAIVER OF LIABILITY**

I hereby waive and absolve Christian Cheerleaders of America and all divisions, personnel and subsidiaries thereof of any liability and responsibility of injuries, sickness, accidents and/or acts of God incurred during participation in camps, clinics, private coaching, choreography, Spirit Store, competitions and/or any other related activity by my child identified as **participant** above. In consideration of my signed release, allowing my child to participate in a Christian Cheerleaders of America activity, I, intended to be legally bound, to hereby, my heirs, executor and adminstator, waive, release and forever discharge any and all rights and claims which my child, previously referred to and listed as participant above or that I may have or which may hereafter accrue to me or my participant child against Christian Cheerleaders of America, the camp, clinic, competitions, store, directors, instructors, other personnel, host campuses and their personnel or your respective employees, offices, agents, staff, representatives, successors and/or as assignees, for any participation in or rising out of travel to and/or return from the respective Christian Cheerleaders of America site. In the event of injury/accident/sickness, Christian Cheerleaders or American and/or instructors are to contact the designated adult listed below as soon as possible to the best of their ability.

**X** \_\_\_\_\_  
 Signature of Child/Participant Date of Birth

**X** \_\_\_\_\_  
 Signature of **Parent or Guardian (guaranteed /certified even if electronic signature)** Date Signed

Mailing Address of Parent/Guardian incl City/State /Zip Phone

I HEREBY GRANT PERMISSION FOR THE ABOVE NAMED PARTICIPANT, MY CHILD/CHARGE, TO BE TREATED IN CASE OF EMERGENCY, ACCIDENT OR ILLNESS....

<b>Name of Emergency Contact</b> _____	<i>please print legibly</i>	<b>Relationship</b>
<b>Best phone to reach</b> Day _____	Evening _____	

**THIS FORM DOES NOT CONSTITUTE ANY PAYMENT, FINANCIAL OBLIGATION ON THE PART OF CHRISTIAN CHEERLEADERS OF AMERICA. THE FOLLOWING IS THE PARTICIPANT'S INSURANCE/MEDICAL INFORMATION.**

<b>Name of Insurance Company</b> _____	<b>Policy/Group #</b> _____
<b>Doctor's Name</b> _____	<b>Doctor Phone</b> _____
<b>Participant Allergies</b> _____	

**X** \_\_\_\_\_  
 Signature of **Parent or Guardian (guaranteed /certified even if electronic signature)** Date Signed

**X** \_\_\_\_\_  
 Signature of **Parent or Guardian (guaranteed /certified even if electronic signature)** Date Signed

do hereby waive ownership of any photographic and/or video records taken by CCA photographers/videographers, or those contracted by CCA, and agree to permit CCA to use my image and/or my child's image (in photographic, digital, or electronic format or in CCA publications and social media or website or other media without limitation, and agree not to make any claim for misappropriation of personality, breach of privacy or other loss of damages against CCA in respect thereof.

**Rev 3-11-22 RC/law**