

United Cheer & Dance Foundation, Inc.
"Making the Difference"



Waiver of Liability/Medical/Publicity Release Form

Participant's Name: _____

Program/School

Name: _____

I (responsible person's full name) _____ do hereby absolve UCDF, Inc. and all divisions, representatives and agents thereof, of any and all liability for injuries, harm, accidents, sickness or results of acts of God incurred during competition and activities while participating at any UCDF events. I also hereby acknowledge that the above name participant has insurance coverage____,or _____has no insurance coverage and that I accept the financial responsibility for any care and/or treatment the participant should need in case of emergency during any UCDF events. I agree not to hold UCDF, Inc., event facility, or any of its divisions, assigned representatives or agents, responsible for care and/or treatment needed in case of an injury to the participant. In consideration of my signed release allowing the above participant to take part in this UCDF, Inc. event, I, intending, to be legally bound, as well as my heirs, executors and administrators do hereby waive, release and forever discharge any and all rights and claims, which I may have or which may hereafter accrue to me, against UCDF, Inc., its employees, officers, agents, representatives, successors and/or assignees for damages which may be sustained by the participant in connection with participation in this UCDF, Inc. event or rising out of travel to and from any event site. In the event of injury, accident, illness or death to the participant, UCDF, Inc. officials or representatives are to contact the designated adult below. I hereby give permission for the above named participant to be photographed, videotaped and/or audio taped during any activity in connection with the any UCDF event. I further grant permission for such photographs, videotapes and/or audio tapes to be used in print/broadcast media or materials as deemed appropriate for the promotion of UCDF, Inc. activities and for publicity surrounding participation in UCDF, Inc. events. I understand that sportsmanship and the cooperation of all participants and attendees with all competition officials and staff is an expectation. I understand that the rulings of the judging panel and event coordinator must be accepted as final.

PARTICIPANT/EMERGENCY INFORMATION:

Participant Name: _____

Parent/Legal Guardian

Name: _____

Address: _____

Telephone: _____ Alternative. Tele. # _____

Insurance Co. Name: _____ Tele#: _____

Subscriber's Name: _____

Policy #: _____ Group #: _____

If unable to reach parent/guardian in case of emergency, please call:

Name: _____ Telephone # _____

Parent/Guardian Signature: _____ Date: _____