

**PINE FOREST CHEERLEADING CAMP &
UNIVERSAL CHEERLEADERS ASSOCIATION
PARTICIPANT RELEASE AND WAIVER FORM**

(Please Print)

_____ Minor's Name	_____ Name of Parent/Legal Gaurdian
_____ Home Address	_____ School Name
_____ City, State & Zip	_____ School Address
_____ Home Phone Number	_____ School City, State & Zip
_____ Location where you will attend camp	_____ School Phone Number
	_____ Camp Dates

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____ as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above Pine Forest Cheerleading Camp (hereinafter "Camp") to be conducted by J.P. Sports Traditions, Inc, (hereinafter "J.P. Sports") d/b/a Pine Forest Cheerleading Camp (hereafter "Pine Forest") and Varsity Spirit Corporation (hereinafter "Varsity Spirit") d/b/a Universal Cheerleaders Association (hereinafter "UCA"). I, in my own behalf and on behalf of the Minor, further agree to release and hold harmless J.P. Sports and Varsity Spirit and their respective attorneys, officers, employees, directors, shareholders, administrators, agents, contractors, sponsoring agencies, sponsors, adversaries, and if applicable, owners and lessors of premises used to conduct the Camp (hereinafter collectively referred to as "Releasees") from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitation, attorney's fees and costs) arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the Minor may incur or sustain during the Camp, including any claim arising out of or connected with any activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I further expressly agree to indemnify and hold harmless Releasees' and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages on any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such' action, claim, or demand.

I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Liability Release releases Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Camp will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: _____ Date: _____

Medical Release. I acknowledge and agree, in my own behalf and on behalf of the Minor, that such participation subjects Minor to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of the Minor, acknowledge that the Minor is assuming the risk of such illness or injury by participating in the Camp. In the event of such illness or injury, I authorize J.P. Sports and Varsity Spirit to obtain necessary medical treatment (including, but not limited to, the dispensing of nonprescription medicine (i.e., Tylenol, Benadryl, cold/allergy remedy, etc.) by Camp administrative staff) for the Minor and hereby, in my own behalf and on behalf of the Minor, release and hold harmless Releasees in the exercise of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

Appearance Agreement. I understand that J.P. Sports d/b/a Pine Forest and/or Varsity Spirit d/b/a UCA from time to time produces promotional material relating to its programs. I understand that as a participant in and/or a spectator at the Camp, the Minor may be included in videotapes or photographs taken during the Camp. Thereafter, without reservation or limitations, I, in my own behalf and behalf of the Minor, hereby assign, transfer and grant to J.P. Sports d/b/a Pine Forest and/or Varsity-Spirit d/b/a UCA, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape the Minor and to utilize such videotapes and photographs and Minor's name, face, likeness, voice and appearance as part of the Camp, in advertising and promoting the Camp or in advertising and promoting similar future events. I further understand that neither J.P. Sports and Varsity Spirit nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

Camp Rules. I further acknowledge and understand that J.P. Sports and Varsity Spirit have established rules and regulations pertaining to conduct, behavior and activities at the Camp, by which Minor and I agree to abide during the Camp, and that Minor and I will be responsible for her/his/my failure to abide by those rules and regulations. Minor and I have received, read and understand the Camp rules. Minor and I understand that violation of the rules can result in dismissal from Camp with no refund. The Pennsylvania State Police may be notified depending on the severity of the infraction.

Insurance and Payment. UCA/Varsity Spirit offers an accident policy to all student for a \$5.00 premium. The policy has no deductible and pays up to \$1,000 of medical expenses, regardless of other insurance coverage. (Charges due to illness and preexisting injuries are not covered and will be billed directly to the parent). All students who do not have insurance must purchase the Camp accident policy. This policy or other proof of insurance, is usually required to obtain medical treatment, as we strictly adhere to this insurance requirement. Please check one of the following:

- Yes, I want the camper's accident insurance policy and I will bring \$5.00 premium to registration at Camp.
- No, I elect not to purchase the camper's accident policy and my insurance company, in the event of an accident, is listed below. If "No" is checked, complete the information below. WE MUST HAVE THE POLICY NUMBER.

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Camp and that he/she shall consume the prescribed dosage for such medications.

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that the Minor suffers from the following conditions: _____

Family Doctor: _____ Doctor's Phone Number: _____

Insurance Company: _____

Insurance Company Address: _____

Medical Insurance Policy Number: _____

Emergency Information: Name _____ Address: _____

City State, Zip: _____

Daytime Telephone: _____ Evening Telephone: _____

I, in my own behalf and behalf of the Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Participant Release and Waiver Form releases Releases from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Camp will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: _____ Date: _____

Relationship to Minor _____

I, identified above as minor, acknowledge that I have read this Release and Waiver form.

Signature of Minor: _____ Date: _____

Witness Signature: _____

Witness Address: _____