

# THE BATTLE COMPETITOR WAIVER

Return via Fax or Email  
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THE BIG BLUE BATTLE, THE SUPREME BATTLE, THE BATTLE, THE  
BATTLE OF THE BLUEGRASS, THE CLASSIC BATTLE, THE ULTIMATE  
BATTLE & EXTREME BATTLE

Team Name \_\_\_\_\_

Division Entered \_\_\_\_\_

Competitor Name \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy Number & Group Number: \_\_\_\_\_

## **ACKNOWLEDGEMENT OF RISK**

I, the undersigned parent or legal guardian of a competitor at A BATTLE cheer and/or dance event hereby voluntarily & knowingly execute this general release from any & all claims, actions, demands, or rights to monetary judgment arising from any & all injury or physical harm which may arise from or be sustained as a result of the participation of my child at A BATTLE event.

## **PERMISSION TO ADMINISTER IMMEDIATE FIRST AID**

I, the undersigned parent or legal guardian of a competitor at A BATTLE cheer and/or dance event hereby voluntarily & knowingly grant permission for the staff of THE BATTLE or agencies determined by THE BATTLE to provide any care deemed necessary.

## **PERMISSION TO PHOTO OR VIDEO**

I, the undersigned parent or legal guardian of a competitor at a BATTLE ZONE Cheer and Dance event, give THE BATTLE ZONE permission to photograph or video my child.

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Parent or Legal Guardian

Date