

THE BATTLE ZONE CHEER & DANCE COMPETITION COMPETITOR WAIVER

Return via Fax or Email

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FAX - 1-859-309-2562

THE BIG BLUE BATTLE, THE SUPREME BATTLE, THE BATTLE OF THE
BLUEGRASS, THE CLASSIC BATTLE, THE ULTIMATE BATTLE &
THE EXTREME NATIONAL 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.

Parent or Legal Guardian

Date