



MEDICAL RELEASE APPEARANCE FORM



Please complete the "Medical Release / Appearance Form for every participant.
Please print copies for each participant in every division.
Collect completed forms from each participant. Please do not mail to SCA. These forms must be turned in at Check-In.

Participant Name: _____

School/Gym: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Phone Number: () _____

Emergency Contact: _____ Phone: () _____

Medical Insurance Company: _____

Medical Insurance Policy Number: _____

PARENTAL CONSENT
 I, the undersigned, being the parent or legal guardian, do hereby grant permission for my daughter/son of the name listed above ("Participant") to participate in SCA National Cheerleader Championship ("Event").

I acknowledge, understand and agree that participation in this Event may subject the Participant to the possibility of physical illness or injury (minimal, serious or catastrophic) and that I, on my own behalf and on the behalf of the Participant, acknowledge that the Participant is assuming the risk of such illness or injury by participating.

I authorize any representative of SCA or Event Staff to obtain necessary medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel for the Participant while participating in Event.

I further acknowledge and understand that I will be responsible for any and all expenses from such treatments.

I hereby, on my own behalf and on the behalf of the Participant, release, indemnify and hold harmless SCA including its owners, directors, officers, representatives, sponsors and employees from and against any and all claims demands, losses, suits, liabilities, costs, or other damages including court costs and attorney fees, arising from any injury to, or death of, Participant arising from or connection to the Event.

PARTICIPATION REPRESENTATION
 I agree to cooperate with all SCA and Event location staff and officials, and will follow instructions and rules in accordance with their directions. I understand that failure to obey the rules of the competition and instructions of SCA and the Event location staff may result in my dismissal and discharge from the competition without reimbursement of any and all fees. As a participant I understand that I am free to withdraw my participation at any time upon my request and at my own free will without any coercion, duress, or intimidation of any sort.

APPEARANCE CLAUSE
 I, on my own behalf and on behalf of the Participant, hereby assign, transfer and grant SCA, its successors, assignees, licensees, sponsors and all other commercial exhibitors the exclusive right to photograph and / or videotape the Participant and to utilize such videotapes and photographs and Participant's name, face, likeness, voice and appearance as part of the above noted SCA Event, in advertising and promoting the above noted SCA Event or in advertising and promoting similar future events. I further understand that neither SCA, nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

I HAVE READ AND AGREE TO THE ABOVE RELEASES AND APPEARANCE CLAUSE

PARTICIPANT'S SIGNATURE: _____ **Date:** _____

PARENT/GUARDIAN'S SIGNATURE: _____ **Date:** _____

