

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: _____

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

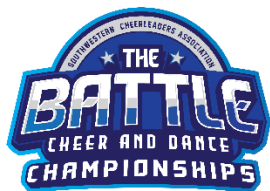
PARTICIPANT'S SIGNATURE: _____

Date: _____

PARENT/GUARDIAN'S SIGNATURE: _____

DATE: _____

(If Participant is under 18 years of age)



ELIGIBILITY/AGE FORM

All Star Program _____

Team Name _____ Team Division _____

Please list EACH participant competing with this team. This information must be completed and submitted to SCA at the time of registration. This information must be confirmed, authorized, and approved by your gym owner for your team to compete. (Please PRINT or TYPE – make additional copies as needed.) Please fill out a form for each team competing.

| | PARTICIPANT NAME | AGE | | PARTICIPANT NAME | AGE |
|-----|------------------|----------|-----|------------------|-----|
| EX | MORGAN ROMERO | 9/1/2007 | EX | | |
| 1. | | | 17. | | |
| 2. | | | 18. | | |
| 3. | | | 19. | | |
| 4. | | | 20. | | |
| 5. | | | 21. | | |
| 6. | | | 22. | | |
| 7. | | | 23. | | |
| 8. | | | 24. | | |
| 9. | | | 25. | | |
| 10. | | | 26. | | |
| 11. | | | 27. | | |
| 12. | | | 28. | | |
| 13. | | | 29. | | |
| 14. | | | 30. | | |
| 15. | | | 31. | | |
| 16. | | | 32. | | |

I certify that all the above listed Participants are current active members and meet the eligibility requirements of the specified Division to be a member of the team participating.

Signature: _____ Date: _____

Print Name: _____ Daytime Phone: _____

Title: _____ Email: _____