

## ALL-STAR CHEERLEADING, Inc. ★ INDIVIDUAL WAIVER FORM

Complete either the "TEAM Waiver Form" OR have each participant complete the "INDIVIDUAL Waiver Form"

Gym/School/Organization \_\_\_\_\_

Event (s) Attending \_\_\_\_\_

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

Division Code \_\_\_\_\_ Division Name \_\_\_\_\_

1. Completely fill out ONE Individual Waiver Form for each participant who will enter any All-Star Cheerleading, Inc. Event
2. Individual Forms must be received at least 10 days prior to the event.

Have your coach or sponsor mail the waiver (with other team waivers) to:

All-Star Cheerleading, Inc.  
PO Box 280  
Columbiana, OH 44408

**NOTE: Waiver forms can be submitted ONE TIME and will be good for all ALL-STAR CHEERLEADING, Inc. Events.** You do not need to re-submit waivers for teams that compete at more than one of our events. **EXCEPTIONS:** 1.) A waiver must be submitted for any new team member that has joined the team and 2.) A waiver must be re-submitted for any team members that have changed their insurance information since a previously attended event.

### PARENTS/GUARDIANS: READ BEFORE SIGNING THIS FORM

I, the undersigned parent/guardian of the participant listed below, do hereby give permission for him/her to attend and participate in any All-Star Cheerleading, Inc. event with All-Star Cheerleading. I understand that by attending and participating in these events, there is the possibility of physical illness or injury to him/her. I hereby waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against the directors of All-Star Cheerleading, Inc., the owners, staff, the sponsors/venues of the event or other associated representatives for any and all damages which she/he may sustain or suffer while attending and participating in the events. Furthermore, I authorize the directors of All-Star Cheerleading, Inc. to act for me, according to their judgment, in any emergency requiring medical attention. Also, I hereby give my permission for my child to be photographed, videotaped, and/or audio taped to be used in print or broadcast media as deemed appropriate for promotion of any All-Star Cheerleading, Inc. activity and for publicity surrounding participation in any of these events.

*I certify that I have medical insurance on my child that will provide coverage while she/he participates in any All-Star Cheerleading, Inc. event.*

Name of Participant \_\_\_\_\_

Age \_\_\_\_\_ Birthdate (MM/DD/YYYY) \_\_\_\_\_

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

Policy Number \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Printed Name \_\_\_\_\_

Date Signed \_\_\_\_\_

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