CHEERS! Inc. CHEER , DANCE and STEP Competitions MEDICAL TREATMENT/LIABILITY RELEASE DO NOT MAIL THIS FORM!!! THIS IS TO BE TURNED IN AT THE EVENT AT REGISTRATION. NO PARTICIPANT IS ALLOWED TO PARTICIPATE WITHOUT THIS FORM AND NO REFUND WILL BE GIVEN. NO EXCEPTIONS.

This form should be duplicated and completed for EACH PARTICIPANT, COACH AND CHAPERONE.

here)and STEP Competitions. I grant my permissi	by grant permission for my child, whose name is (enter participants name and hereinafter should be referred to as "participant", to participate in CHEERS! Inc. CHEER, DANCE of for said participant to receive the necessary medical treatment in the event of injury or illness. I hereby how grading directors, instructors, host, campuses and their personnel), and its subsidiaries now and future harmless in
	nat in taking part in this activity/competition, there is possibility and even inherent risks of physical injury,
illness, or death and that participant is assum	g the risk of such illness or injury by participation.
	including its directors, officers, campus and campus officials and staff as well as its subsidiaries from any a
	any claim arising out of any injury, illness, or death incurred by the participation during the course of the
athletic activity including, but not limited to, re activity, including travel to and from such acti	earsals, social activities, practices, competitions, and/or other activity associated with the course of the
activity, including traver to and norm such acti	y.
WAIVER OF LIABILITY	
I hereby waive and absolve CHEERS! Inc. a	d all divisions, personnel and subsidiaries, thereof any liability and responsibility of injuries, sickness,
accidents, death and/or acts of God incurred	uring participation in competitions and/or any other related activity by my child (enter participants
name)	In consideration of my signed release allowing my child to participate in CHEERS! Inc. CHEER
	pe legally bound, do hereby, my heirs, executer and administration, waive, release and forever discharge ar
	child (previously named) known as participant or I may have or which may hereafter occur to me or my ectors, instructors, and other personnel, host, campuses, and their personnel or their respective employees
	ectors, instructors, and other personner, nost, campuses, and their personner of their respective employees nd/or assignees, for any participation in/or rising out of travel and and/or return from the respective CHEERS
	ident/sickness, or death, CHEERS! Inc. and/or instructors are to contact the designated adult listed below a
soon as possible to the best of their ability.	, , ,
Signature of child	Date of BirthSignature of Parent/Legal Guardian
Mailing Address of Participant including City,	tate and Zip
School/Gym participant is representing	
Emergency Phone Number	Date signed
THE FORM MUST BE IN THE BRE	NOT OF THE OUTEROUND. COMPETITION AUTHORITY AT ALL TIMES BURING.
	NCE OF THE CHEERS! INC. COMPETITION AUTHORITY AT ALL TIMES DURING
	articipant or chaperone/coach of participant for use in obtaining medical treatment, it must be
returned after use to the proper respectiv	CHEERS! Inc. authority in charge.
I HEDERY CDANT DEDMISSION FOR T	IE ABOVE NAMED PARTICIPANT, MY CHILD, TO BE TREATED IN CASE OF EMERGENCY,
ACCIDENT OR ILLNESS.	LADOVE NAMED PARTICIPANT, WIT CHIED, TO BE TREATED IN CASE OF EMERGENCE,
Name of Doubleto and	
Name of Emergency Contact	-Relationship
Daytime Phone #	Relationship Evening
THIS FORM DOES NOT CONSTITUTE	NY PAYMENT OBLIGATION ON THE PART OF CHEERS! INC.
THE FOLLOWING IS THE PARTIC	IPANT'S INSURANCE/MEDICAL INFORMATION.
Nama of Campany	Dalian/Craye Number
Doctor's Name	Policy/Group Number Doctor's Phone
Allergies	Doctor s Phone
Allergies	
	PERMISSION TO PHOTO OR VIDEO
I, the undersigned parent or legal guard	n of a competitor at a CHEERS! Inc. Cheer, Dance or Step event give CHEERS! Inc. permission to
, 1 - 1 - 2 - 2 - 2 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 2	photograph or video my child.
Parent or Lega	Guardian Date