



SPIRIT FESTIVAL L.L.C.

All-Star Cheer & Dance National Championship

2010 Liability and Release Waiver Form

Each participant must have this form completed, signed and presented by the coach at registration. Any participant who does not present his/her form before their practice time will not be allowed to participate. This form may be duplicated.

Team Name _____

Participant's Name _____

Address _____ City _____

State _____ Zip _____ Date of Birth _____ Grade _____

Home Phone _____ School _____

Parent/Guardian Name _____ Phone _____

In case of an emergency contact _____ Phone _____

I, the undersigned parent or guardian, do hereby grant permission for my son/daughter to participate in the Spirit Fest All-Star Cheer & Dance National Championship on January 9th & 10th, 2010. I acknowledge and understand that this activity involves vigorous athletic activity. Due to the nature of the activity, there is an inherent risk, in which an injury up to catastrophic injuries or even death can occur. I further agree to hold harmless, the Spirit Festival LLC., its affiliates, coaches, students, and all associated officers for any injury or sickness sustained as a result of my son's or daughter's participation in this event. I further agree to hold harmless, the Mohegan Sun, its affiliates, staff, and all associated officers for any injury or sickness sustained as a result of my son's or daughter's participation in this event. I grant permission to use my son's/daughter's picture or videography in any or all future advertisements, television coverage, web site and marketing literature for Spirit Festival LLC. events sponsored by them.

Parent/Guardian Signature _____ Date _____

Participant Signature _____ Date _____

MEDICAL INFORMATION

Physician _____ Phone No. _____

Address _____ State _____ Zip Code _____

Primary Medical Insurance Carrier _____

Name of Insured _____

(Participant)

Main Policy Holder _____

(Parent/Guardian)

Policy # _____ Phone No. _____

I, _____ the parent/guardian of the student or team athlete participating at the Spirit Festival, hereby give permission to the medical personnel selected by SpiritFestival L.L.C. to provide any reasonable and necessary treatment, including X-rays if I cannot be reached in an emergency. An injury requiring an ambulance will be taken to the nearest medical facility. In case of an injury and I am not present at the championship or cannot be reached by telephone I have designated _____ as the adult responsible for my daughter/son.