

**PARTICIPANT / ADVISOR / COACH / CHAPERONE**

**CAMP RELEASE AND WAIVER FORM**

Every Participant/Advisor/Coach/Chaperone must have a completed and signed release form to turn in at registration on the first day of camp in order to participate. Please make enough copies as needed.

**EVENT DATES** \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ **EVENT LOCATION** \_\_\_\_\_

**PARTICIPANT/ADVISOR/COACH/CHAPERONE INFORMATION**

Participant's Full Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Mother's Name \_\_\_\_\_ Mother's Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Phone \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Contact & Phone # \_\_\_\_\_ List Any Medications Allergic To or Currently Taking \_\_\_\_\_

List any Physical/Psychological/Prior Injuries/Current Injuries that we should be aware of:  
\_\_\_\_\_

**RELEASE OF LIABILITY**

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I agree to participate in the above camp to be conducted by West Coast Extreme All-Star Cheerleading, LLC. I further agree to release and to hold harmless the Hosting site, (university, hotel, convention center, high school) on whose premises the Camp will occur (hereinafter the "Location") the affiliates of West Coast Extreme All-Star Cheerleading, LLC, the Location, and the respective directors, officers, representatives, members, agents and employees of West Coast Extreme All-Star Cheerleading, LLC, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability whether caused by negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and / or death) that I may incur or sustain during the Camp, all activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by me or by any other persons on the account of damages of any character resulting to me in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand. I hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Liability Release constitutes a guarantee that the Camp will occur. I have signed this document voluntarily and of my own free will.

- I understand that by the very nature of the activity, cheerleading training, gymnastics, trampoline, dance, and practice carries a risk of physical injury up to and including death. No matter how careful the cheerleader/gymnast and coach are; no matter how many spotters are used; no matter what height is used or what landing surface exists, the risk cannot be eliminated. Reduced, yes, but never eliminated.
- I understand that West Coast Extreme All-Star Cheerleading, LLC. (WCE) staff members are not physicians or medical practitioners of any kind. I hereby give permission to the WCE staff to render temporary or basic first aid to my child(ren) or myself in the event of injury or illness. I agree to hold harmless WCE and its staff for any injury, whether such injury results from the negligence of WCE or its officers, agents, or staff, or some other cause, resulting from rendering temporary or basic first aid.
- I understand that by taking part in any WCE event, there is a possibility of injury or sickness to my daughter/son or to me (myself/advisor/coach/chaperone). In the event that I cannot be reached, I hereby authorize WCE and its employees, whether paid or volunteer, to give consent for my son/daughter to receive medical treatment including transportation by a WCE staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of paramedics or ambulance for said child should the WCE staff deem necessary. I do hereby grant permission to hospital staff members to administer immediate treatment to my child should she/he be injured, or to me (myself/advisor/coach/chaperone).
- I understand and affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, for both my child's protection and my own protection.
- I also agree to hold harmless WCE and its staff, the event facility, and/or official hotel for any injury, whether such injury results from the negligence of WCE or its officers, agents or staff, or some other cause, as a result of my daughter's/son's participation or my (myself/advisor/coach/chaperone) participation in any WCE event.

I hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Liability Release constitutes a guarantee that the Camp will occur. I have signed this document voluntarily and of my own free will. By signing below, I agree to the Permission to Participate, Release of Liability, and Camp Policy.

**Participant/Advisor/Coach/Chaperone Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **CAMP POLICY**

I further acknowledge and understand that West Coast Extreme All-Stars, LLC has established rules and regulations pertaining to conduct, behavior and activities of all Camp participants, by which I agree to abide during the Camp (copy of which will be given in your registration packet), and that I will be responsible for my failure to abide by those rules and regulations. I have received, read and understand the Camp rules. I understand that violation of the rules can result in dismissal from Camp with no refund.

The WCE staff wants your team to have an excellent camp experience. The rules listed below are for your protection and to insure a successful camp for all participants. Any violation of these rules may result in dismissal from camp without refund.

1. Campers may not leave campus for the duration of camp (except commuter students). Exceptions must be cleared in advance with the camp director and have parental approval.
2. No one of the opposite sex (with the exception of camp management and/or housing staff) will be allowed in the dorm rooms, floors and lobby areas.
3. No use of alcohol or other illegal substances; there is no smoking at camp.
4. Please leave valuables at home. WCE will not be responsible for lost or stolen items.
5. Any damage to the dorm or lost keys will be charged to your group. Keep screens on the windows.
6. Hazing or any other type of initiation will not be allowed.

**(Participant's Name)** \_\_\_\_\_ has my permission to participate at the West Coast Extreme All-Star Cheerleading, LLC (WCE) Camp named above. I fully understand that I, myself, the parent/ legal guardian, and my son/daughter must abide by all rules and guidelines set forth by West Coast Extreme All-Star Cheerleading, LLC.

**(Parent's Name)** I \_\_\_\_\_ understand that I, myself the parent/guardian, and my son/daughter have been given the WCE Camp Policy and that we have read, fully understand, and must abide by these guidelines.

I **(Parent's Name)** \_\_\_\_\_ and **(Child's Name)** \_\_\_\_\_ give West Coast Extreme All-Stars, LLC the right and permission to film, photograph, or video tape my daughter/son or me (myself/advisor/coach/chaperone) for any reproductions associated or in any way connected with said television or filmed event; in particular, reproduction for use in any form of advertisement for WCE promotional purposes.