**ATHLETE WAIVER / MEDIA RELEASE FORM**

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| **Athlete Information (PLEASE COMPLETE ONE FOR EACH ATHLETE)** |  |  |
| First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Grade 24/25: \_\_\_\_\_\_\_\_ |
| Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Zip: \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| Primary Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Parent/Guardian Information** |  | Alternative Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mother’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **Father’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Emergency Contact Information** |  |  |
| Contact’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Contact’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Insurance Co.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information** – **THIS INFORMATION IS REQUIRED AND YOUR ATHLETE IS NOT ELIGIBLE TO ATTEND PRACTICES WITHOUT IT**

Have you ever broken any bones (if so, please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last Physical Examination: \_\_\_\_\_\_\_\_\_\_\_\_ Medication currently taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Heart Condition**: YES / NO **Diabetes:** YES / NO **Asthma:** YES / NO **Allergies:** YES / NO - If yes, allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Medical information that may be helpful:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Acknowledgement of Risk and Waiver of Liability, Authorization to Seek Medical Attention

# and Media Release

I understand that there may be some risk of injury associated with participation in cheerleading, as well as any other associated Washington Storm Cheer activities; and I agree to waive any and all claims of liability, release and hold harmless Washington Storm Cheer in the event that such an injury, may occur either to myself, my child, or another family member. In the event of accident, injury, or illness, when parent, legal guardian, or emergency contacts are not available, I give my permission to Washington Storm Cheer to procure medical attention. In addition, I understand that there may be some risk in being exposed to various viruses to include COVID-19 and pandemics associated with participating in any activities at Washington Storm Cheer and I agree to waive any and all claims of liability and release and hold harmless Washington Storm Cheer in the event my athlete, family member, or myself should become exposed to such viruses, illnesses, etc.

I also give permission for photographs and their use in promotional material. For good and valuable Consideration, herein acknowledged as received, and by signing this Release, I hereby give Washington Storm Cheer permission to use or license my Unique Personal Indicia, the Photographs and the Video (Licensed Materials) in any manner (excluding pornographic or defamatory), which may include, but is not limited to, social networking Web sites, YouTube, or the Washington Storm Cheer Web site. I agree that the Licensed Materials may be combined with other video, text and/or graphics, and may be modified, altered or cropped. I acknowledge and agree that I have no rights in the Licensed Materials and that all rights to the Licensed Materials belong to Washington Storm Cheer. I acknowledge and agree that I have no further right to Consideration or accounting and that I will make no further Claim for any reason against Washington Storm Cheer. I acknowledge that this Release is binding upon my heirs and assigns. I agree that this Release is irrevocable, worldwide and perpetual, and will be governed by the laws of the State of Washington,

I represent and warrant that I am at least eighteen (18) years of age and have the full legal capacity to execute this Release or, if the Participant is a minor child, AND that I am the legal parent or guardian of the minor child Participant and have the full legal capacity to execute this Release.

**Acknowledgement of Risk and Waiver of Liability, Authorization to Seek Medical Attention and Authorization to Seek Medical Attention.**

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Parent or Legal Guardian Signature Date