



General Participation Waiver

Participant Name: _____ Birth Date: ____/____/____

Parent/Guardian(if under age 18): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Medical Conditions/Allergies: _____

Emergency Contact: _____

Relationship: _____ Emergency Contact Phone: (____) _____

Please initial each section and complete with your signature.

_____ **Assumption of Risk** I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of above listed minor applicant/participant acknowledge and fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death. I hereby release, discharge, covenants to indemnify and not to sue Pacific Cost MAGIC, Inc., its affiliated organizations and sponsors, their coaches, and associated personnel, officers, directors, board members, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in a PCM event.

_____ **Consent for Treatment** The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the activities included in the sport of cheerleading and/or dance. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I accept that all parties herein referred to above as releasees are not to be held responsible for any pre-existing medical conditions or any medical conditions I fail to disclose on my health history. I also agree to save and hold harmless and indemnify above releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee.

_____ **Photographic Release** I hereby authorize Pacific Cost MAGIC, Inc. and its designated photographers, hereafter referred to as "PCM," to publish photographs taken of myself (if 18 years of age or older) or my minor child for use in PCM's print, online and video-based marketing materials, as well as other PCM publications. I hereby release and hold harmless PCM from any reasonable expectation of privacy or confidentiality for myself or my minor child associated with the images specified above. Further, I attest that I have full authority to consent and authorize PCM to use such likenesses. I further acknowledge that participation is voluntary and that I waive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other PCM publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I hereby release Pacific Cost MAGIC, Inc., its contractors, its employees and any third parties involved in the creation or publication of PCM publications, from liability for any claims by me or any third party in connection with my participation or the participation of my minor child.

_____ I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily.

_____ I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of listed minor applicant/participant, acknowledge and agree that I am the parent or legal guardian of the above named minor and therefore have the authority to grant these permissions.

_____ This authorization expires one year from the date it is signed.

Participant Signature (if 18 years of age or older) _____ Date _____

Parent/Guardian Signature _____ Date _____