



Agreement of Compliance Form Release and Wavier

Every Participant must have a completed and signed release form to turn in at registration in order to participate. All areas must be completed. *Please photocopy and distribute to each person attending the event. Coach/Director must retain a photocopy of each completed form for your records and keep them with the team*

Minor's Name

School Name

Address

School Address

City, State & Zip

School City, State & Zip

(_____) _____
Phone Number

(_____) _____
School Phone Number

Location of Event

Squad Type: Varsity

Event Dates

JV

Jr. High

Name of Parent / Legal Guardian

Liability Release For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as parent or legal guardian of _____, a minor (hereinafter "Minor") hereby grant to permission necessary to allow Minor to participate in the above event to be conducted by Missouri Cheerleading Coaches Association (hereinafter "MCCA"). I, in my own behalf and on behalf of the Minor, further agree to release and to hold harmless MCCA, the Hosting site (university, hotel, convention center, high school) on whose premise the Event will occur (hereinafter the "Location") the affiliates of MCCA and Location, and the respective directors, officers, representatives, members, agents and employees of MCCA, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability for negligence or any other claim judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and / or death) that the Minor may incur or sustain during the Event, all activities associated with the Event and while traveling to and from the site for the Event whether or not the Event 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 Minor or by any other persons on the account of damages of any character resulting to Minor 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, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, 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, in my own behalf and on behalf of the Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Event will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: _____ Date: _____

Insurance Information The following information is **REQUIRED** for participation.

Parent's Name _____

Parent's Social Security Number (not required but helpful for quick verification of insurance policy by hospital/clinic): _____ / _____ / _____

Insurance Company: _____

Insurance Company Address: _____

Medical Insurance Policy/Group Number – REQUIRED: _____

Insurance Company Phone #: _____ - _____ - _____

Emergency Information:

Name to contact: _____ Address: _____

City, State, Zip: _____ Cell Phone Number: _____

Daytime Phone Number: _____ Evening Phone Number: _____

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Event and that he/she shall consume the prescribed dosage for such medications.

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that the Minor suffers from the following conditions: _____

Family Doctor: _____ Phone Number: () _____

I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the minor, further acknowledge that nothing in the Participant Release and Waiver Form constitutes a guarantee that the Event will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Signature of Parent of Legal Guardian: _____ Date: _____

Relationship to Minor: _____ Minor Birthdate: _____

I, identified above as Minor, acknowledge that I have read this Release and Waiver form.

Signature of Minor: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Address: _____