



**PacWest Spirit Group  
Event Liability Waiver and Medical Release Form**

In consideration of my decision to participate in this event, I acknowledge that there is an element of danger and risk of personal injury in instruction, practice and competing in the sport of cheerleading. I hereby and in the event participant is a minor; the undersigned agrees for myself and my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against PacWest Spirit Group, it's owners, instructors, participating students, building owners, employees, promoters, operators, representatives, successors, and/or assignee sponsors individually or otherwise for any and all damages that which may be sustained or suffered by me in connection with my association or with my entry and participation in this event.

In the event of an emergency occurring while my child is at this event, I grant my permission to PacWest Spirit Group, it's employees, or hosting event staff to take whatever action is necessary. In the event I cannot be reached, I hereby authorize PacWest and/or it's employees to give consent for my child: \_\_\_\_\_, to receive medical treatment.

**APPEARANCE CLAUSE:**

I understand that from time to time PacWest Spirit Group produces promotional material about their programs. I understand that as a participant I may be included in videotape or photographs taken during clinics and competitions. I hereby grant PacWest Spirit Group, it's successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors, the exclusive right to photograph and/or videotape participant and further utilize participants face, likeness, voice and appearance as part of the program and in advertising and promoting the program without reserve or limitation. In granting this license, I undersign that PacWest is under no obligation to exercise any of its rights, licenses and privileges herein granted by participant.

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

List Medications (if any) \_\_\_\_\_ List allergies (if any) \_\_\_\_\_

If you do not grant permission for consent to medical treatment, what procedure should be taken?