



**“Come Cheer with The Pros!!”**

**Ultimate Cheer & Dance Experience, Corp. Cheerleading Health Agreement & Liability Release Form**

For Participating in the CIAA Ultimate Cheer & Dance Experience Battle  
Coaches/Sponsors: All participants must complete this form.  
(Demographics) \*Please Print or Type

Participant’s Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Colors: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mascot: \_\_\_\_\_

Instagram: \_\_\_\_\_ Twitter Account: \_\_\_\_\_

Home Address: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Phone No: (    ) \_\_\_\_\_ Classification \_\_\_\_\_ Shirt Size \_\_\_\_\_

**VIGOROUS ACTIVITY:** Cheerleading involves vigorous athletic activity and may include stunts, pyramids, gymnastics, jumps, and dance. Due to the nature of the activity, we wish to inform you that the possibility of injury does exist as with any athletic activity. Your signature on this form indicates that your son or daughter is physically fit to participate in this activity and no medical conditions exist which may compromise the safety or well being of the individual or any other participant or staff member of the event. I understand the possibility of injury exists and my signature on this form releases the event host, staff, or sponsors from any liability in the event that such an injury occurs.

**HEALTH STATEMENT:** Is the participant currently under treatment for a medical condition?

Yes    No

If yes, please describe:

\_\_\_\_\_

Has the participant been under treatment for a medical condition in the past?    Yes    No

If yes, please describe:

\_\_\_\_\_

List all medications the participant is currently taking:

\_\_\_\_\_

List any known allergies to medication:

\_\_\_\_\_



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***PARTICIPANT REPRESENTATION:*** I agree to cooperate with all staff and officials and will follow instructions and rules in accordance with their directions. I understand that failure to obey the rules of the event and instructions of the staff may result in my dismissal and discharge from the event without reimbursement of fees. As a participant, I understand that I am free to withdraw my participation at any time upon my request and at my own free will without any coercion, duress, or intimidation of any sort.

***PARTICIPANT’S SIGNATURE:*** \_\_\_\_\_

***DATE:*** \_\_\_\_\_

***PARTICIPANT CONSENT:*** I have read this agreement in its entirety and understand the caution statements and policy statements expressed above. I authorize the staff and officials to seek treatment for any injury or illness to myself while a participant of the event and also authorize the physician and/or hospital near the event site to perform treatment to any illness or injury to my child. I authorize payment for treatment, either personally or through our family health insurance. I have read the above information about the risk of vigorous athletic activity and agree not to hold the event host or sponsors liable in the event of such an injury. The participant is in good health and physically capable of participating in the event.

***PARTICIPANT'S SIGNATURE:*** \_\_\_\_\_

***DATE:*** \_\_\_\_\_

***HEALTH INSURANCE CARRIER:*** \_\_\_\_\_

***POLICY #:*** \_\_\_\_\_

***Media Release Form***

Ultimate Cheer & Dance Experience, LLC. has my consent to use the likeness of the participant named above in photographs or videotapes promoting the Ultimate Cheer & Dance Experience Competition and the Ultimate Cheer & Dance Experience, LLC., its services, and its merchandise.

***PARTICIPANT'S SIGNATURE:*** \_\_\_\_\_

***DATE:*** \_\_\_\_\_

\*\*\*\*\***PLEASE SUBMIT ALL PAYMENTS**\*\*\*\*\*  
VIA CASHAPP Payable to \$UCDECheerphi  
**Request an Invoice for Credit Card Payments or Mailing Address for Checks**  
(Coaches must submit a release form for each participant they’re sending a payment for)



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**Ultimate Cheer & Dance Experience Summer Competition**

**Authorization to Consent to Health Care**

I, \_\_\_\_\_, of \_\_\_\_\_ County, of the state of

\_\_\_\_\_, age \_\_\_\_\_, DOB \_\_\_\_\_, 20\_\_\_\_\_.

I hereby authorize the Ultimate Cheer & Dance Experience, LLC agents, employees, servants and contractors, to perform any acts that may be necessary or proper to provide for emergency health care of said minor child, including, but not limited to, the power (i) to transport the minor child to an appropriate medical facility, (ii) to authorize emergency health care at any hospital or other institution, or the employing of any physician, dentist, nurse or other person whose services may be needed for such health care, if I, as parent or guardian, cannot be reached to provide said authorization, and (iii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations and other procedures by physicians, dentists and other medical personnel, if I, as parent or guardian, cannot be reached; This consent does not authorize consent for the withholding or withdrawal of life sustaining procedures. I accept full responsibility for the cost and expense of all medical care provided pursuant to this consent.

This consent shall be effective from the date of execution as noted below to and including August 9, 2025.

By signing here, I indicate that I have the authority, understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the agent named herein. I shall indemnify and hold the University and Ultimate Cheer & Dance Experience, LLC. harmless in performing these gratuitous duties.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name (Printed)

\_\_\_\_\_  
Date

**(Attach copy of Participant's medical insurance carrier Card)**



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**Ultimate Cheer & Dance Experience, LLC**

**Assumption of Risk and Hold Harmless Agreement for Competition Participation**

**LIABILITY RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE**

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***THIS AGREEMENT*** is a legally binding waiver and full release executed by \_\_\_\_\_

\_\_\_\_\_ whose address is \_\_\_\_\_

\_\_\_\_\_ , \_\_\_\_\_

of \_\_\_\_\_ to

(City, State)

**Ultimate Cheer & Dance Experience, LLC.**

1.0 I/We, the undersigned, request that \_\_\_\_\_ (**Participant**) be granted permission to participate in the following activity/trip:

Attend the Ultimate Cheer & Dance Experience Competition.

Participant is solely responsible for transportation to and from Participant’s home to said event.

2.0 In consideration of the Participant being permitted to participate in the Activity, we do release, waive, forever discharge, and hereby covenant not to sue the Ultimate Cheer & Dance Experience, LLC., its governing board, officers, agents, employees and students acting as Host from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature which Participant may have or which may hereafter accrue to Participant, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by Participant or his/her property, whether caused by the negligence or carelessness of the Ultimate Cheer & Dance Experience, LLC. or otherwise, while Participant is in transit to and from the Competition and engaged in the Activity. Participant agrees that s/he will remain in the presence of their particular School Coach, Host officials or Parent/Guardian at all times and abides by any other regulations provided by the Host, Ultimate Cheer & Dance Experience



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Competition or Ultimate Cheer & Dance Experience, LLC including, but not limited to, the policy of no drugs on the event facility grounds and no alcohol on site of said event.

3.0 I/We have signed this Release in full recognition and appreciation of the potential dangers, hazards and risks inherent to cheerleading and associated activities thereto.

4.0 I/We understand and agree that the Ultimate Cheer & Dance Experience, LLC. does not have medical personnel or treatment available to Participant at the arena. I/We hereby authorize and grant full permission for the Ultimate Cheer & Dance Experience, LLC. to secure emergency medical treatment for Participant, if necessary, and further that such action shall be subject to the terms of this Agreement. We understand and agree that the Ultimate Cheer & Dance Experience, LLC. makes no warranty and assumes no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment. We further state that there are no health-related problems or reasons that would preclude or restrict the Participant's participation in this Activity, and that Participant is covered by adequate medical health insurance to provide for any medical costs that may be necessary during the Activity.

5.0 It is my/our express intent that this Release and Hold Harmless Agreement shall bind the members of Participant's family and spouse, estate, heirs, administrators, personal representatives, or assigns, as applicable, and shall be deemed as a "Release, Waiver, Discharge and Covenant Not to Sue" the Ultimate Cheer & Dance Experience Competition, Participant's Parent/Guardian further agrees to save and hold harmless, indemnify and defend the Ultimate Cheer & Dance Experience, LLC., Ultimate Cheer & Dance Experience Competition from any claim by Participant or Participant's family arising out of Participant's participation in the activity described in paragraph 1.0 above.

6.0 In signing this Release, Participant and Participant's school/organization acknowledge and represent that we have fully informed ourselves of the content of this Release of Liability and Hold Harmless Agreement by a careful reading and review, that Participant fully understands its meaning and that we sign this Agreement in good faith as our free act and deed. No additional oral



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representations, statements, or inducements have been made. We further state that there are no health-related problems or reasons that would preclude or restrict the Participant's participation in this Activity, and that Participant is covered by adequate medical health insurance to provide for any medical costs that may be necessary during the Activity.

7.0 I/We further agree that this Release shall be construed in accordance with the laws of the State of North Carolina, Ohio, Georgia and Maryland. If any term or provision of this Release shall be held illegal, unenforceable or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

I/We further state that I am the Participant and am fully competent to sign this Agreement; and that I execute this release for full, adequate, and complete consideration fully intending for myself, and for Participant's family, estate, heirs, administrators, personal representatives, or assigns to be bound by the same.

**IN WITNESS WHEREOF**, I/We have executed this release this \_\_\_\_\_ day of \_\_\_\_\_ 2024.

**THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Participant

\_\_\_\_\_  
Date