



Cheer and Dance Camps

Waiver Form

PARTICIPANT'S INFORMATION

Participant's Full Name: _____

Age: _____ D.O.B: _____/_____/_____

School Grade (*please circle*): 6 7 8 9 10 11 12 School/Organization Name: _____

Cell Number: (_____) _____ - _____ Home Number: (_____) _____ - _____

Email Address: _____

Address: _____

Street Address

Street Address Line 2

City

State

Zip Code

PARENT/GUARDIAN'S INFORMATION

Parent/Guardian's Full Name: _____

Cell Number: (_____) _____ - _____ Home Number: (_____) _____ - _____

Email Address: _____

EMERGENCY INFORMATION

Emergency Contact's Full Name: _____

Relationship to athlete: _____

Contact Number: (_____) _____ - _____ Alt. Number: (_____) _____ - _____

MEDICAL INFORMATION

Please check all that apply:

- Wears Glasses/Contacts Prescribed inhaler Medication Food allergies Other

Please describe any checked items including instructions/supervision: _____



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RELEASE OF LIABILITY FOR PARTICIPANTS - READ CAREFULLY BEFORE SIGNING

IN CONSIDERATION of allowing the below PARTICIPANT to participate in any way at a cheer camp, clinic, or event hosted by NorthShore Athletics, Inc. dba Camp Jeff the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
4. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE ALL participants, athletes, NorthShore Athletics, Inc. dba Camp Jeff, Jeffrey Siegal and Justin Boumstein including all officers, employees, instructors and affiliates, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in the competition, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
6. I willingly agree to allow NorthShore Athletics, Inc. dba Camp Jeff by means of photography and videography, to publish photographs and/or video of my child for advertising purposes in all forms of media. I further agree that I consent to the use of said photographs or video without right to compensation of any type or form.

By signing below, I, a parent or legal guardian of the below named minor participant, hereby indicate that I have read this document and agree to any and all such terms contained herein.

Printed Name of Participant

_____/_____/_____
Participant's D.O.B.

School/Organization Name

Printed Name of Parent/Guardian

Parent/Guardian's Signature

_____/_____/_____
Date