



# WAIVER OF LIABILITY/MEDICAL/ PUBLICITY RELEASE FORM



*I hereby waive and absolve Intermountain Spirit Association (ISA), Dance America (DA), and all Divisions thereof at any and all liability and responsibility for injuries, sickness, accidents, and/or acts of God incurred during participation in and/or instruction of camps, clinics, private coaching, choreography, competition, and/or any other dance or cheerleading related activity by myself/my child, whose name is:*

\_\_\_\_\_  
(Please print legibly)

\_\_\_\_\_  
2008-2009 Grade

*In consideration of my signed release allowing my child/myself to participate in an ISA/DA activity, I, intending to be legally bound, do hereby, my heirs, executor and administration, waive, release, and forever discharge any and all rights and claims for damage which I may have or which may hereafter accrue to me against ISA/DA, the competition/clinic directors, or their respective employees, office agents, representatives, successors, and/or assignees, for any and all damages which may be sustained or suffered by me or my child in connection with my association with or participation in, or riding out of travel to and/or return from the respective Intermountain Spirit Association site. In the event of injury/accident/sickness, ISA/DA officials and/or employees are to contact the designated adult listed below.*

*In addition, I hereby give my permission for myself/my child to be photographed, videotaped, and/or audio taped during any ISA/DA activity. I further give my permission for such photographs, videotapes, and audiotapes to be used in print or broadcast media as deemed appropriate for promotion of ISA/DA activities, and for publicity surrounding participation in ISA/DA events.*

\_\_\_\_\_  
*Signature of Participant, Parent, or Guardian*

\_\_\_\_\_  
*Phone Number (work, cell, etc.)*

\_\_\_\_\_  
*Home Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Home Phone*

\_\_\_\_\_  
*Name or Organization/School/Team*

\_\_\_\_\_  
*Date*

## IN CASE OF EMERGENCY, CALL:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Business Phone:(\_\_\_\_) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number (REQUIRED): \_\_\_\_\_

In the event of injury or accident or sickness requiring immediate treatment, I request that every effort be made to contact me directly. If I cannot be reached, I authorize Intermountain Spirit Association personnel to make appropriate arrangements for treatment.

Do you have allergies, asthma, or medical problems that might be a concern?  
\_\_\_\_\_

***All information  
requested is  
required to  
participate!!!***