

COLLEGE CAMPS

Release and Waiver Form

(If under 18 years of age, this release form must be signed by a parent or legal guardian)

_____ Name	_____ School Name	<input type="checkbox"/> Check here if you are the advisor / coach
_____ Address	_____ School Address	<input type="checkbox"/> Check here if you are the advisor / coach and are over 21
_____ City, State & Zip	_____ School City, State & Zip	<input type="checkbox"/> Check here if you are employed by the school or school district
(_____)_____ Cell Phone Number	(_____)_____ Phone Number	<input type="checkbox"/> Check here if you are a Chaperone
_____ Location where you will attend camp	_____ Camp Dates	Squad Type: <input type="checkbox"/> Cheer <input type="checkbox"/> Dance

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I agree to participate in the above camp to be conducted by Varsity Spirit Corporation ("Varsity Spirit") d / b / a Universal Cheerleaders Association ("UCA") and/or Universal Dance Association ("UDA"). I further agree to release and to hold harmless Varsity Spirit, Varsity Spirit's Corporate Sponsors (hereinafter "Sponsors") the Hosting site, (university, hotel, convention center, high school) on whose premises the Camp will occur (hereinafter the "Location") the affiliates of Varsity Spirit and the Location, and the respective directors, officers, representatives, members, agents and employees of Varsity Spirit, Sponsors, the Location and their respective affiliates (hereinafter collectively "Releasees") from any any all liability whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and / or death) that I may incur or sustain during the Camp, all activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp 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 me or by any other persons on the account of damages of any character resulting to me 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 hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I 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 further acknowledge that nothing in this Liability Release constitutes a guarantee that the Camp will occur. I have signed this document voluntarily and of my own free will.

Signature of Participant / Advisor / Chaperone: X _____

Signature of Parent or Legal Guardian (if above is under 18): X _____

Date : _____

Medical Release. I acknowledge and agree that such participation subjects me to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I acknowledge that I am assuming the risk of such illness or injury by participating in the camp. In the event of such illness or injury, I authorize Varsity Spirit to obtain necessary medical treatment for me and hereby release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that I may sustain during the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

Appearance Agreement. I understand that Varsity Spirit d / b / a UCA and / or UDA, from time to time produces promotional material relating to its programs. I understand that as a participant and/ or a spectator at the Camp I may be included in videotapes, photographs, DVDs, podcasts and videocasts taken during the Camp. Therefore, without reservation or limitations, I hereby assign, transfer and grant to Varsity Spirit d/ b/ a UCA and / or UDA, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and / or videotape me and to utilize such videotapes and photographs and my name, face likeness, voice and appearance as a part of the Camp, in advertising and promoting the Camp or in advertising and promoting similar future events. I further understand that neither Varsity Spirit nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. I wave any right to inspect or approve the copies of any promotional materials related thereto.

Camp Rules. I further acknowledge and understand that Varsity Spirit has established rules and regulations pertaining to conduct, behavior and activities of all Camp participants, by which I agree to abide during the Camp (copy of which is listed on the back of this form), and that I will be responsible for my failure to abide by those rules and regulations. I have received, read and understand the Camp rules. I understand that violation of the rules can result in dismissal from Camp with no refund.

Insurance and Payment. (not offered at private camps) If attending a private camp, fill out your insurance information. We offer an accident policy to all campers for a \$5.00 premium. The policy has no deductible and pays up to \$1,000 of medical expenses, regardless of other insurance coverage. (Charges due to illness and preexisting injuries are not covered and will be billed directly). All campers who do not have other insurance must purchase the Camp accident policy. This policy, or other proof of insurance, is usually required to obtain medical treatment as we strictly adhere to this insurance requirement. Please check one of the following:

- Yes, I want the camper's accident insurance policy and I will bring \$5.00 premium to registration at Camp **(not available for private camps)**.
- No, I elect not to purchase the camper's accident policy and my insurance company, in the event of an accident, is listed below. If no is checked, complete the information below. **WE MUST HAVE THE POLICY NUMBER.**

Insurance Company: _____

Insurance Company Address: _____

Medical Insurance Policy Holder: _____

I represent that any medication to which I am allergic or Medications that I am currently taking are listed below. I agree that I shall bring medications which I am currently taking with me to the Camp and that I shall consume the prescribed dosage for such medications. **Varsity will not administer or supply any type of medication at camp.**

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that I suffer from the following conditions: _____

Family Doctor: _____ Phone Number: () _____

Birthdate: _____ SS# _____

(not required but helpful for quick verification of insurance policy by hospital/clinic)

Emergency Information: Name: _____ Address: _____

City, State, Zip: _____

Daytime Telephone: () _____ Evening Telephone: () _____

I hereby warrant that I have read this College Camp Release and Waiver Form in its entirety and fully understand its contents. I am aware that this College Camp 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 further acknowledge that nothing in this College Camp Release and Waiver Form constitutes a guarantee that the Camp will occur and have signed this document voluntarily and of my own free will.

Signature of Participant / Advisor / Chaperone: X _____

Date: _____

Signature of Parent or Legal Guardian (if above is under 18): X _____

Date: _____

Witness Signature: _____

Date: _____

Witness Address: _____

General Camp Rules

1. Participants are required to wear their name tags at all times (given to you at registration).
2. The University will be conducting classes during our camp. We ask that cheering, chanting and dancing ONLY be practiced in designated areas.
3. Squads must be on time to all classes and camp functions.
4. Please leave valuables at home (rings, jewelry, etc.). UCA / UDA will not be responsible for lost or stolen items.
5. Contact a member of the UCA/UDA management staff before seeking medical attention at a clinic or hospital (at camps where management staff is provided).
6. No use, consumption or possession of alcohol or other illegal substances on campus.
7. No smoking at camp.
8. No hazing or initiations of any type will be allowed.
9. Participants must follow all housing rules:
 - A) No running or unnecessary noise in the halls.
 - B) All windows are to remain closed in the air-conditioned dorms/ resorts. In dorms / resorts without air-condition, windows may be left open, but screens must be left on. No leaning out of windows. No throwing anything out of windows.
 - C) There will be no tumbling, horseplay, partner stunts or practicing in the dorm / resort.
 - D) Any damage to the room will be charged to your group. Be sure to leave you room as clean as you found it.
 - E) Lost keys are expensive. Keep up with your keys so that you will not be charged for them.
10. UCA / UDA is not responsible for participants on their free time.

In addition to the general rules above, the following rules apply to specific camp type:

Resort Camp (A resort camp is defined as any camp in which the participants stay in hotels).

1. A Chaperone / Adult (age 21 or older) is required to attend with participants. This chaperone will be responsible for participants outside of scheduled camp classes (free time) including but not limited to swimming, beach activities, off-site event trips, bedchecks, cheerleader / dance practice outside of class time, free time at event site or hotel.
2. UCA/UDA is not responsible for participants on their free time.
3. It is up to the adult/chaperone if participants are allowed to go off the Resort premises. If so, the Camp Manager or Head Instructor must be notified.
4. If squads/teams are required to travel to an off-site facility for classes, the chaperone/adult is responsible for participants while traveling to and from off-site facility.

Private Camps

1. Participants must have a coach/university employee in attendance at all times during the camp.
2. Medical Release forms must be copied and the original mailed to the UCA/UDA office three weeks prior to camp. The coach is responsible for having copies of the squads/teams medical forms with him/her during camp. Have an emergency plan (a copy of a sample plan is included in your packet).