



Questions?
 Call 937-286-5984 or
 Email: compete@cheerthrill.com

TEAM WAIVER FORM

Team Name/Entry Name _____

City/State _____

Division Name _____ Division Code _____

Please complete this "Team Waiver Form."

I, the undersigned parent/guardian of the participant listed below, do hereby give permission for her/him to attend and participate in Cheer Thrill directed by GTCO Volts Cheerleading, Inc. I understand that by attending and participating in this event, there is a possibility of physical illness or injury to her/him. I hereby waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against GTCO Volts Cheerleading, Inc. director board members, the owners, staff, the sponsors/ venue of the event or other associated representatives for any and all damages which she/he may sustain or suffer while attending and participating in the events. Furthermore, I authorize GTCO Volts Cheerleading, Inc. directors to act for me, according to their judgment, in any emergency requiring medical attention. Also, I hereby give my permission for my child to be photographed, videotaped and/or audio taped to be used in print or broadcast media as deemed appropriate for promotion of any event activity directed by GTCO Volts Cheerleading, Inc. and for publicity surrounding participation in any of these events.

Completely fill out ONE "Team Waiver Form" per entry as follows...

1. List each team member on the "Team Waiver Form."
2. Fill out each line completely including all insurance information and signatures. Participants who are 18 years of age or older should list their name on the participant line and can sign their own name on the parent/guardian line. (THIS FORM WILL NOT BE ACCEPTED AND WILL BE RETURNED TO YOU IF INFORMATION IS NOT COMPLETE.)
3. "Team Waiver Forms" must be received at least TWO WEEKS PRIOR to the event. MAIL completed form to: GTCO Volts Cheerleading, Inc., ATTN: Cheer Thrill Registration, PO Box 1043, Springboro, Ohio 45066

NOTE: This is a lifetime waiver for each team member. Each signature on this form represents an individual waiver and ensures coverage for the listed individual regardless of their team and/or gym affiliation. The title "Team Waiver Form" is merely a means of gathering group data.

I certify that I have medical insurance on my child that will provide coverage while she/he participates in Cheer Thrill, directed by GTCO Volts Cheerleading, Inc.

| Participant Name | Age | Birth date (mm/dd/yyyy) | Insurance Company Name | Signature of Parent/Legal Guardian | Date | Email Address |
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If you have more than 20 members on this team, please duplicate this form as necessary. _____ (Coach's Signature)