

2008 / 2009 WCA Competition

Medical Release / Appearance Form

Make copies of this form for each squad member for each competition.

This form must be read and signed by each participant and their parent or guardian.

Collect signed forms from each participant and **BRING** them to the competition.

These forms **MUST** be turned in at Check-In. **DO NOT MAIL TO WCA HEADQUARTERS.**

Participant Name: _____

School / Gym: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent/Guardian's Phone Number: () _____

Emergency Contact: _____ **Phone:** () _____

Medical Insurance Company: _____

Medical Insurance Policy Number: _____

PARENTAL CONSENT

I, the undersigned, being the parent or legal guardian, do hereby grant permission for my daughter/son of the name listed above ("Participant") to participate in WCA Nationals and Open Championship competitions ("Events").

I acknowledge, understand and agree that participation in these Events may subject the Participant to the possibility of physical illness or injury (minimal, serious or catastrophic) and that I, on my own behalf and on the behalf of the Participant, acknowledge that the Participant is assuming the risk of such illness or injury by participating.

I authorize any representative of WCA or Event staff to obtain necessary medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel for the Participant while participating in Events.

I further acknowledge and understand that I will be responsible for any and all expenses from such treatments.

I hereby, on my own behalf and on the behalf of the Participant, release, indemnify and hold harmless WCA, including its owners, directors, officers, representatives, sponsors and employees from and against any and all claims, demands, losses, suits, liabilities, costs, or other damages including court costs and attorney fees, arising from any injury to, or death of, Participant arising from or connection to any Event.

PARTICIPANT REPRESENTATION

I agree to cooperate with all WCA and Event location staff and officials, and will follow instructions and rules in accordance with their directions. I understand that failure to obey the rules of the competition and instructions of the WCA and Event location staff may result in my dismissal and discharge from the competition without reimbursement of any and all 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.

APPEARANCE CLAUSE

I, on my own behalf and on behalf of the Participant, hereby assign, transfer and grant to WCA, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or video the Participant and to utilize such videos and photographs and Participant's name, face, likeness, voice and appearance as part of the WCA Events, in advertising and promoting WCA Events or in advertising and promoting similar future events. I further understand that neither WCA, nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

I have read and agree to the above releases and appearance clause.

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN'S SIGNATURE: _____ **DATE:** _____

if Participant is under 18 years of age _____