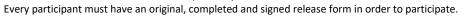


PARTICIPANT LIABILITY RELEASE AND WAIVER FORM

To be completed by all PARTICIPANTS





Name/Minor's Name:	Name of Minor's Parent/Legal Guardian:
Address:	City, State, Zip:
Phone Number: ()	2022 NCHSAA Cheerleading Invitational at the Raleigh Convention Center on December 3, 2022
School Name:	Division:
own behalf and/or as parent or legal g Minor to participate in the above even Form. I, on my own behalf and/or on b injury (minimal, serious, catastrophic a or injury by participating in the Event a hold harmless NCHSAA and The Winne center, high school) on whose premise virtually, the affiliates of NCHSAA and The parties (hereinafter collectively "Releatiability, cost and expenses (including, with any illness or injury (minimal, seri while traveling to and from the site for expressly agree to indemnify and hold or actions that may subsequently be be	e consideration, the receipt and sufficiency of which are hereby acknowledged, I
photographs, DVDs, podcasts and vide irrevocably assign, transfer and grant tright to photograph and/or videotape appearance as a part of the Event, in a Releasees, in any media now in exister	that as a participant and/ or spectator at the Event that I and/or Minor may be included in recordings, streaming, videotapes, ocasts taken during the Event. Therefore, without reservation or limitations, I, on my own behalf and/or on behalf of Minor, hereby o Releasees and their successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive me and/or Minor and to utilize such videotapes and photographs and my and/or Minor's name, image, face, likeness, voice and dvertising and promoting the Event, in advertising and promoting similar future events, or in advertising and promotions relating to use or hereafter developed, without further compensation and without reservations or limitations. I further understand that neither appionships nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges herein granted. I my materials related thereto.
and activities of all Event participants. Minor agree to abide during the Event,	d understand that NCHSAA and The Winners Choice Championships has established rules and regulations pertaining to conduct, behavior I, on my own behalf and/or on behalf of Minor acknowledge that I have received, read and understand the Event rules, by which I and/or and that I and/or Minor will be responsible for my/his/her failure to abide by those rules and regulations. I, on my own behalf and/or on ion of the rules can result in dismissal from the Event with no refund.
illness or injury (minimal, serious, cata: such illness or injury by participating in necessary medical treatment for me ar authority. I further acknowledge and u	and/or on behalf of Minor, acknowledge and agree that participation in the Event subjects me and/or Minor to possibility of physical strophic and/ or death) and that I, on my own behalf and/or on behalf of Minor, acknowledge that I and/or Minor is assuming the risk of the Event. In the event of illness or injury of myself and/or Minor, I authorize NCHSAA and The Winners Choice Championships to obtain ind/or Minor and hereby I, on my own behalf and/or on behalf of Minor, release and hold harmless Releasees in the exercise of this inderstand that I will be responsible for any and all medical and related bills that may be incurred on behalf of me and/or Minor for any by sustain during the Event and while traveling to and from the site for the Event or the location from which I and/or Minor is participating actually occurs.
medications which I and/or Minor is cu	ch I and/or Minor is allergic or medications that I and/or Minor is currently taking are listed below. I agree that I and/or Minor shall bring urrently taking to the Event and shall consume the prescribed dosage for such medications. Allergic (if any)
I acknowledge that I and/or Minor suff	ers from the following conditions:
	ease: On behalf of myself and/or Minor, I acknowledge that I am aware that participants are not required to prove immunization nless required to do so by state or local guidelines, in order to participate or attend the Event, and that certain risks associated with e Event.
and/or on behalf of Minor, am assum connection with the Event. I, on my or negligence of the Releasees or otherw	participating and/or allowing Minor to participate, and by signing this Participant Release and Waiver Form, I, on my own behalf ing all risks, responsibility and liability concerning my and/or Minor's health and safety and possible exposure to COVID-19 in wn behalf and/or on behalf of Minor, agree to release and to hold harmless Releasees, from any and all liability, whether caused by rise, for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or inticipation at the Event and my and/or Minor's possible exposure to COVID-19.
UNDERSTAND ITS CONTENTS. I, ON MY FROM LIABILITY AND CONTAINS AN AC AND/OR ON BEHALF OF MINOR, FURTH	EHALF OF MINOR, HEREBY WARRANT THAT I HAVE READ THIS PARTICIPANT RELEASE AND WAIVER FORM IN ITS ENTIRETY AND FULLY OWN BEHALF AND/OR ON BEHALF OF MINOR AM AWARE THAT THIS PARTICIPANT RELEASE AND WAIVER FORM RELEASES RELEASEES EKNOWLEDGEMENT OF MY VOLUNTARY AND KNOWING ASSUMPTION OF THE RISK OF INJURY OR ILLNESS. I, ON MY OWN BEHALF HER ACKNOWLEDGE THAT NOTHING IN THIS PARTICIPANT RELEASE AND WAIVER FORM CONSTITUTES A GUARANTEE THAT THE EVENT F AND/OR ON BEHALF OF MINOR, HAVE SIGNED THIS DOCUMENT VOLUNTARILY AND OF MY OWN FREE WILL.
Signature of Parent or Legal Guardia	n XDate:
Relationship to Minor:	Minor Birthdate: