NRG DANCE AND CHEER TEAM WAIVER

Please list ALL members of your team(s)

Bring and check in only this form the day of any event

School / Team Name _____

Main Contact _____ Phone/Cell _____

Email _____

Signature _____

By signing this form I represent that I have read the Medical & Media Release Form agreement thoroughly and understand it completely, including the substantial legal rights I am giving up for myself and/or child by signing it. I have signed this form freely and voluntarily without inducement of any kind or guarantee being made by NRG Dance and Cheer, LLC or anyone else. I intend by my signature for this form to be complete and unconditional release of any and all liability to the greatest extent allowed by law. I understand and agree that this form cannot be amended or modified by any oral statements or other writing from any NRG Dance and Cheer, LLC representatives and that it is binding on my child, myself, and our heirs, successors, distributes, guardians, legal representatives, and assigns.

Participant Name	Age	Health Insurance Company - Policy #	Signature (parent/guardian if under 18	Date
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2.				
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If you have more than 20 participants in your school / team, please duplicate this form as needed