Coach Release and Waiver Form

***Please Check the Appropriate Box:** ❑ **Regional/State Championships** ❑ **Cheer Ohio Camp** ❑ **Private Camp**

_____
Coach's Name

_____
School/Group Name

_____
Address

_____
Address

_____
City State Zip

_____
City State Zip

(____)_____
Home Phone

(____)_____
School Phone

(____)_____
Work Phone/Cell Phone

I _____, as the coach of _____, (hereinafter "Coach"), hereby acknowledge and agree, on my own behalf, that such participation subjects me to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I am assuming the risk of such illness or injury by participating in the above noted OASSA sponsored event. In the event of such illness or injury, I authorize OASSA to obtain necessary medical treatment for me and hereby, on my own behalf, release and hold harmless OASSA, the Hosting Site, on whose premises the Event will occur, (hereinafter the "Hosting Site"), its affiliates, the affiliates of OASSA and the respective directors, officers, representatives, members, agents and employees of OASSA, (hereinafter collectively "Releasees") in the exercise 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 above noted OASSA sponsored event and while traveling to and from the site for the above noted OASSA sponsored event whether or not the OASSA event actually occurs.

Appearance Agreement. I understand that OASSA at times produces promotional materials relating to its programs. I understand that as a coach and/or spectator of the above noted OASSA sponsored event that I may be included in videotapes or photographs taken during the above noted OASSA sponsored event. Therefore, without reservation or limitation, I, on my own behalf, hereby assign, transfer and grant to OASSA, 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 part of the above noted OASSA sponsored event, in advertising and promoting the above noted OASSA sponsored event or in advertising and promoting similar future events, including on OASSA social media sites. I further understand that neither OASSA nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

I, on my own behalf, hereby warrant that I have read this Release and Waiver in its entirety and fully understand its contents. I, on my own behalf, am aware that this Release and Waiver releases Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, on my own behalf, further acknowledge that nothing in this Release and Waiver constitutes a guarantee that the above noted OASSA sponsored event will occur. I, on my own behalf, have signed this document voluntarily and of my own free will.

Signature of Coach: _____ Date: _____

Birth Date: _____

Doctor's Name: _____ Doctor's Phone #: (____)_____

Dentist's Name: _____ Dentist's Phone #: (____)_____

In regard to the above mentioned person, check all that apply, provide explanation on back of form if needed.

( ) Allergies to foods, medication, etc.	( ) High Blood Pressure	( ) Conditions currently under treatment
( ) Asthma	( ) Convulsions	( ) Medications currently taking
( ) Diabetes	( ) Epilepsy	( ) Migraine Headaches
( ) Heart Trouble	( ) Fainting Spells	( ) Pre-existing injury under treatment
( ) Contact Lenses	( ) Other _____	

Daily Medication and Schedule: _____

Insurance Carrier: _____ Policy #: _____

Primary Insured's Name _____