

**RELEASE FROM RESPONSIBILITY, WAIVER, AND INDEMNITY AGREEMENT,
FOR PARTICIPATION IN WHETSTONE CHEERLEADING**

Release executed on this ____ day of _____ 2006, by:

Name: _____ Address _____
City of _____ County of _____ State of Ohio,

herein referred to as Releasor, on behalf of minor child _____. Releasor includes himself or herself, his or her spouse, legal representatives, heirs, and assigns.

Releasees refers to Rick Burchett, his assistants, and/or his agents; Whetstone Cheerleading; and Whetstone Park of Roses, its officers, its agents, and/or its employees.

By executing this contract, Releasor, as a parent/guardian of the child, acknowledges the existence of some risk of injury to property or to person, including death, in participating in Whetstone Cheerleading and acknowledges that he or she assumes this risk.

Being aware of the risk of injury and in consideration of being permitted to participate in Whetstone Cheerleading, Releasor, on behalf of myself and my child, agrees to and does forever release, waive, relinquish, and discharge Releasees from all liability for any and all losses, loss of services or consortium, claims, damages, expenses, legal fees, judgments, and/or costs arising out of any loss or injury to person or property, even injury resulting in death, sustained as a result of participating in Whetstone Cheerleading, whether caused by the negligence, acts, or omissions of Releasees or otherwise, while practicing, competing, participating in any related event, officiating, working, traveling, or, for any purpose, participating in Whetstone Cheerleading regardless of location.

Releasor assumes full responsibility for any and all risks, including risk of bodily injury, death, or property damage, due to the negligence, acts, or omissions of Releasees or otherwise, while in or upon Whetstone Park of Roses and while practicing, competing, participating in any related event, officiating, working, traveling, or, for any purpose, participating in Whetstone Cheerleading regardless of location, whether caused by the negligence, acts, or omissions of Releasees or otherwise.

Releasor agrees to hold harmless and indemnify Releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of Releasor in or upon Whetstone Park of Roses and while practicing, competing, participating in any related event, officiating, working, traveling, or, for any purpose, participating in Whetstone Cheerleading regardless of location, whether caused by the negligence, acts, or omissions of the Releasees or otherwise.

Releasor expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

NAME OF PARTICIPANT: _____

*SIGNATURE OF PARENT / GUARDIAN **

*SIGNATURE OF PARENT / GUARDIAN **

DATE

- **Both parents must sign unless only one has legal custody.**

Emergency Information Form

Please complete the following information. This information will be kept with the team at all practices and competitions. Thanks and GO WILDCATS!

First Name: _____ Last Name: _____
Date of Birth: _____ SS#: _____
Address: _____

Insurance Information

Name of Insurance Co: _____
Address: _____
Name of Policy Holder: _____
Phone Number: _____ Policy Holder DOB: _____

Primary Emergency Contact

Name: _____ Relationship: _____
Home: _____ Work: _____ Cell: _____

Second Emergency Contact

Name: _____ Relationship: _____
Home: _____ Work: _____ Cell: _____

Any medical history that we should be aware of, including allergies?

In the case of an emergency are there any circumstances that would prohibit treatment by a hospital or doctor?

Primary Care Physician: _____ Phone: _____
Dentist: _____ Phone: _____

Please complete the following if you would like the CWC staff to administer and authorize emergency care, this is not required:

I, _____ give my consent for treatment by any hospital or doctor for my child, _____, in the case I can not be reached.

Signature _____

Date _____

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to the **Clintonville Wildcats** to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Clintonville Wildcats Web site.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
 - Limited usage:** I want my child's image used within the **Clintonville Wildcats** setting only (not in the larger community).
 - Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within **Clintonville Wildcats** or in the larger community. One example of this could be videos in parent education classes.
 - Limited usage:** I want my child's image used on printed materials only (no digital or video use).
 - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by the **Clintonville Wildcats** for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____ Date _____

Please make a copy of this form for your own records and return the original to:

Rick Burchett
Head Coach
Clintonville Wildcats

If you have questions, contact Rick at 267-2820.

Volunteer Application

All of our coaches and booster members are volunteers. We would not be able to operate without them. Even the smallest of tasks can make a huge difference in having things run smoothly. Please fill out this sheet and return it if you are able to help.

Contact Information

Name: _____
Street Address: _____
City, State, Zip: _____
Home Phone: _____
Work Phone: _____
Email Address: _____

Interests

Check only the areas you are interested in.

- Booster and fundraising
- phone calls Ex: practice canceled due to illness or weather
- events supervisors EX: car washes
- event set up and tear down
- transporting squad members to and from City Competitions
- Travel with and Chaperone team to outside competitions (in state)
- Travel with and Chaperone team to outside competitions (out of state)
- Other Please explain: _____

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
- Weekday afternoons Weekend afternoons
- Weekday evenings Weekend evenings