



INDIVIDUAL WAIVER FORM

**Complete Either the *Team Waiver Form* OR have each participant complete the *Individual Waiver Form*
Do Not Submitt Both, it is either one or the other.**

Team Name: _____
School: _____
Division Name: _____

1. Completely fill out ONE "Individual Waiver Form" for each participant who will enter any division of CHEERTYM event.

YOU MUST HAVE PARENT/LEGAL GUARDIAN SIGNATURE AND ALL INSURANCE INFORMATION COMPLETED BELOW IN ORDER TO PARTICIPATE. THIS FORM WILL NOT BE ACCEPTED AND WILL BE RETURNED TO YOU IF INFORMATION IS NOT COMPLETE. NO EXCEPTIONS!

2. "Individual Waiver Forms" must be received at least TWO WEEKS PRIOR to the event. Have your coach or sponsor mail the waiver (with other team waivers) to: CHEERTYM, c/o Lori Domalakes, 5716 South 167th Circle, Omaha, NE 68135

DO NOT FAX

I, the undersigned parent/guardian of the participant listed below, do hereby give permission for her/him to attend and participate in any CHEERTYM event, and the following companies should be protected: Nebraska All-Star Tigers, LLC. I understand that by attending and participating in these events, there is a possibility of physical illness or injury to her/him. I hereby waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against the CHEERTYM directors, the owners, staff, the sponsors/venue of the event or other associated representatives for any and all damages which she/he may sustain or suffer while attending and participating in the events. Furthermore, I authorize the above directors to act for me, according to their judgment, in any emergency requiring medical attention. Also, I hereby give my permission for my child to be photographed, videotaped and/or audio taped to be used in print or broadcast media as deemed appropriate for promotion of any activity and for publicity surrounding participation in any of these events.

I certify that I have medical insurance on my child that will provide coverage while she/he participates in any of the events listed above.

Name of Participant _____ Age ____ Birthday (mm/dd/yy) _____
Insurance Company Name: _____ Policy Number: _____
Signature of Parent/Legal Guardian: _____
Date Signed: _____

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