



**WAIVER AND RELEASE OF LIABILITY
AND MEDICAL/APPEARANCE AGREEMENT
READ COMPLETELY BEFORE SIGNING**



Participant Name	Team Representing	Event Date(s)	
Birthdate	Age	Address	
All Phone Numbers Including Emergency Number	City	State	Zip
Contact Email	Contact Phone		

One (1) Waiver and Release of Liability and Medical/Appearance Agreement must be completed for each participant who enters a Champions Cup Series/USA Sports Production event. All forms must be received completely filled out and signed before participation will be allowed. Form will be returned if not complete. Faxed or scanned copies will be accepted. If participating in more than one Champions Cup Series/USA Sports Production event, this form will cover all events.

I, the participant or the undersigned parent or legal guardian on behalf of the participant listed above, do hereby agree to participate in any Champions Cup Series/USA Sports Production event(s) pursuant to the terms of this Agreement. In consideration for being allowed to participate in any way in Champions Cup Series/USA Sports Production events, related events and activities ("Events"), I, the participant or the parent or legal guardian on behalf of the participant, acknowledge and agree that:

1. The risk of injury from the activities involved in these events is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist: and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS on behalf of the participation, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF USA Sports Production, their officers, directors, officials, agents and/or employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of premises used to conduct the event, as listed below, or others and assume FULL responsibility for any damages arising from the participant's participation: and,
3. I willingly agree to ensure that the participant complies with the stated and customary terms, conditions and rules for participation. If however, I observe any unusual significant hazard during my presence, I will remove myself or the participant from participation and bring such to the attention of the nearest official immediately: and,
4. I, for myself or for the participant and on behalf of the participant's heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Champions Cup Series/USA Sports Production, their officers, directors, officials, agents and/or employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of premises used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, including any and all claims, demands, damages and expenses related in any way to the Events WHETHER ARISING FROM THEIR NEGLIGENCE OR OTHERWISE. I further INDEMNIFY all of the above from any and all liabilities incident to or arising out of participant's participation in these Events to the fullest extent permitted by law.

MEDICAL AND APPEARANCE AGREEMENT

Assumption of Risk/Insurance: I understand that USA Sports Production will not be responsible for any medical expenses incurred at Events. All expenses for any medical treatment required will be assumed by the participant or parent or legal guardian and/or the participant's insurance company. I certify that I have medical insurance for myself and/or my child that will provide coverage while I/he/she participates in any Champions Cup Series/USA Sports Production Events.

Medical Treatment: I authorize the directors and management staff of USA Sports Production events to act for me, according to their judgment in any emergency requiring medical attention if I am not able to make an assessment of the injury or as a parent/legal guardian if I am not present. I hereby release and forever discharge Champions Cup Series/USA Sports Production, the directors and management staff from any claim whatsoever which arises on account of any medical services rendered or medical decision made in connection with this power of consent for treatment in connection with or during the Events.

Appearance Agreement: I understand Champions Cup Series/USA Sports Production produces promotional material about their Events. I understand that myself, or son/daughter, may be included in digital media or photography taken during one or more of these Events. I hereby grant Champions Cup Series/USA Sports Production, its successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors the exclusive right to photography and/or digital media of myself or my son/daughter and further to utilize my or my son/ daughter's name, face, likeness, voice and appearance as part of the event, and in advertising and promotion of the event and/or series without reservation or limitation and without monetary or other compensation of any kind for such use. In granting this license, I understand that Champions Cup Series/USA Sports Production is under no obligation to exercise any of its rights, licenses and privileges herein granted and is under no obligation to notify if it chooses to exercise those rights, licenses, or privileges.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND MEDICAL/APPEARANCE AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS ON BEHALF OF THE PARTICIPANT BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY FRAUD OR UNLAWFUL INDUCEMENT.

I FURTHER certify that I, as parent/guardian with legal responsibility for this participant, for myself, my spouse, my heirs, assigns and next of kin, have read and do consent and agree to his/her release, as provided above, of all the Releasees and hereby RELEASE the same. Further, I, for myself, my spouse, my heirs, assigns and next of kin agree to INDEMNIFY and HOLD HARMLESS the Releasees from any and all liabilities incident to my minor child's involvement or participation in these Events as provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or otherwise, to the fullest extent permitted by law. Further I understand and agree that this Waiver, Release and Indemnity apply to all Champions Cup Series/USA Sports Production Events .

X _____
PARTICIPANT OR PARENT/GUARDIAN'S SIGNATURE

DATE SIGNED