

**PO. BOX 1994  
Benicia, CA 94510**

**Ivory Arts, Inc.  
(800) 624-9149**

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**2007 Medical Waivers, Release Agreement and Authorization**

Please complete all of the sections of this form. All forms must be received by mail 21 days prior to the event date and must contain original signatures. **No faxed copies will be accepted.** Each participant must fill out a form in full in order to participate. Please make copies for your own records.

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth (M/D/Y): \_\_\_\_\_ School/Team Name: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Medical/ Allergies Conditions: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

**Release Agreement.** I do hereby on behalf of myself and/or my child, release and forever discharge Ivory Arts, Inc, and their respective employees, partners, members, other participants, volunteers, clients, contractors, officers, sponsoring agency, sponsors, advertisers, owners of premises used to conduct the event from any and all claims, demands, and causes of action for any injury to persons or property resulting from participation in Ivory Arts, Inc competitions, events, and or activities, including traveling to and/or from the event(s). In the event of cancellation, Ivory Arts, Inc will reimburse fees paid to Ivory Arts Inc only, and will not be held responsible for travel, accommodation or any other costs incurred as a result. I understand that Ivory Arts, Inc produces promotional material about their events. I understand that the participant may be included in videography or photography taken during this event. I hereby grant Ivory Arts, Inc its successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors the exclusive right to photography and/ or videotape participants and further to utilize participants name, face, likeness, voice and appearance as part of the event, in advertising and promotion of the event(s), without compensation or fee of any kind. In granting this license, I understand that Ivory Arts, Inc is under no obligation to exercise any of its rights, licenses and privileges herein granted. By signing below, I hereby agree also to read over and abide by Ivory Arts, Inc rules and regulations, the gym or auditorium rules and code of conduct.

**Medical Waivers.** Cheerleading/Dance is a vigorous sport that includes tossing, falling, running, jumping, stunting, building, tumbling, pyramids, and dancing. As a result, this type of sport may have a possibility of injury and even death could occur. I also understand that in the event of injury or sickness, first aid will be rendered and/or if necessary, or instructed to do so, give permission to take myself/my child to such a place as may be necessary for proper care. I grant permission for any hospital or clinic staff member to administer immediate treatment necessary. I understand I will be notified as soon as possible in the event of an emergency. My insurance company or I will assume all expenses of such treatment. By signing this form, I also agree that my child is physically active and fit to participate in this activity and has no known medical conditions that may compromise the safety of my child, other participants and facilitators of the event.

**Authorization.** I hereby grant permission for my child to participate in all of Ivory Arts, Inc competitions, classes, and programs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature if 18 or over