



## Waiver of Liability/Medical/Publicity Release Form

I hereby waive and absolve Utah Dance & Drill Solo Championship (to be known as UDDSC) and all divisions thereof of any and all liability and responsibility for injuries, sickness, accidents, and/or acts of God incurred during participation in competitions and related activity by myself/my child, whose name is

\_\_\_\_\_

(Please print participant's name legibly)

\_\_\_\_\_

(Please print Parent or guardian's name legibly)

In consideration of my signed release allowing my child/myself to participate in a UDDSC activity, I, intending to be legally bound, do hereby, my heirs, executor and administration, waive, release, and forever discharge any and all rights and claims for damage which I may have or which may hereafter accrue to me against UDDSC, the camp/clinic/competition directors or their respective employees, office agents, representative, successors, and/or assignee, for any and all damages which may be sustained or suffered by me or my child in connection with my association with or participation in, or riding out of, travel to and/or return from the respective UDDSC site. In the event of injury/accident/sickness, UDDSC officials and/or instructors are to contact the designated adult listed below. In addition, I hereby give my permission for myself/my child to be photographed, videotaped, and/or audio-taped during any UDDSC activity. I further give permission for such photographs, videotapes, and audiotapes to be used in print or broadcast media as deemed appropriate for promotion of UDDSC activities, and for publicity surrounding participation in UDDSC events.

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Parent/Guardian Phone Number (cell)

\_\_\_\_\_

Home Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Name or Organization/School/Studio/Team

\_\_\_\_\_

Date

\_\_\_\_\_

Doctor's Name:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Insurance Company:

\_\_\_\_\_

Policy Number REQUIRED:

\_\_\_\_\_

Allergies to Medications (please list):

\_\_\_\_\_

Medical problems (please list):

*In the event of injury, accident, or sickness requiring immediate treatment, every effort will be made to contact the person listed above. If this person cannot be reached, then the consent signature above authorizes UDDSC Personnel to make appropriate arrangements for treatment.*

Mail liability form for each participant with registration form and payment to complete your application.

Mail to: UDDSC – PO Box 1022 – Kaysville, UT – 84037.

[www.uddsc.com](http://www.uddsc.com)