



2011-2012 TEAM WAIVER FORM

11500 CHAMPIONS WAY | LOUISVILLE, KY 40299 | THEUSFINALS.COM | 1.877.5.FINALS | 1.877.260.6916 FAX

Team/Entry Name _____ City Attending _____ Division Name _____ Division Code _____

Completely fill out ONE "Team Waiver Form" per entry as follows...

1. List each team member on the "Team Waiver Form"
 2. Fill out each line completely including all insurance information and signatures. Participants who are 18 years of age or older should list their name on the participant line and can sign their own name on the parent/guardian line. (THIS FORM WILL NOT BE ACCEPTED AND WILL BE RETURNED TO YOU IF INFORMATION IS NOT COMPLETE.)
 3. "Team Waiver Forms" must be received at least THREE WEEKS PRIOR to the event.
- Mail or Fax complete forms to: The U.S. Finals, ATTN: Registration, 11500 Champions Way, Louisville, KY 40299 -OR- Fax 877-260-6916

I, the undersigned parent/guardian of the participant listed below, do hereby give permission for her/him to attend and participate in any event directed by U.S. Finals, 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 U.S. Finals, LLC directors, owners, staff and 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 U.S. Finals, LLC directors to act for me, according to their judgement, 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 event activity directed by U.S. Finals, LLC 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 event directed by U.S. Finals, LLC.

	Name of Participant	Age	Birthdate (dd/mm/yy)	Insurance Company Name	Signature of Parent/Legal Guardian	Date Signed
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

If you have more than 20 members on this team, please duplicate this form as necessary.

Coach's Signature _____