



WAIVER DISCLAIMER

I acknowledge and represent that I have collected and have on file a liability waiver (signed by their legal parent/guardian) for each participant that I am registering to compete at the competitions, camps and clinics held by The U.S. Finals. I have verified each waiver and each parent represents that their child is in satisfactory health to participate in the activities (cheerleading, gymnastics, dance, etc.) offered by The U.S. Finals and that they are aware of the inherent risks associated with such activities which can include paralysis and death. Each parent represents that they have health insurance coverage in effect while they compete at The U.S. Finals competitions. I will make available to The U.S. Finals a copy(ies) of these waivers immediately if requested from time to time. I agree to keep the originals or an acceptable electronic copy of these forms until the athlete reaches the age of 18 or 7 years after they are no longer participants with this program. I hereby acknowledge that I am an authorized representative of the business/school listed below.

Program Name

Authorized Contact Person

Authorized Signature

Date

**This is a lifetime waiver*

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