

**2009-2010 MARDI GRAS SPIRIT EVENTS
TEAM MEDICAL RELEASE &
APPEARANCE WAIVER FORM**

Team Name _____
Event City/Cities _____
Team Division _____

Please fill out 1 Team Waiver Form per team entry. List each team member including all insurance information and parental/guardian signature! The completed form can be sent via fax to (504) 828-5778, or email to register@mardigrasspirit-events.com or mail to Mardi Gras Spirit Events, 1937 Veterans Blvd., Box #356, Metairie, LA 70005. THIS FORM WILL NOT BE ACCEPTED AND WILL BE RETURNED TO YOU IF INFORMATION IS NOT COMPLETE!

Due to the complexity and intricacies of team choreography, Mardi Gras Spirit Events will NOT provide spotters on the competition floor. All teams may elect to provide their own spotters on the competition floor.

I, the undersigned parent/guardian of the participant listed below, do hereby give permission for him/her to attend and participate in Parade of Champions and Mardi Gras Nationals, Inc. Events. I understand that by attending and participating in this event there is a possibility of physical illness or injury to him/her. I hereby waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against Parade of Champions and Mardi Gras Nationals, Inc., the owners, staff and the sponsors/venue of the event or other associated representatives for any and all damages which he/she sustains or suffers while attending and participating in the event. Furthermore, I authorize any representative of Parade of Champions and Mardi Gras Nationals, Inc. to act for me, according to their judgment, in any emergency regarding medical attention. I understand I will be notified as soon as possible in the event of an emergency. All expenses of such treatment will be assumed by me or my insurance company.

Also, I hereby give my permission for my child to be photographed, videotaped and/ or audiotape to be used in print or broadcast media as deemed appropriate for promotion by Parade of Champions and Mardi Gras Nationals, Inc.

I have completely read, understand, and accept the above, as well as agree that a faxed, scanned or emailed signature will be accepted in lieu of the original.

I certify that I have medical insurance on my child that will provide coverage while she/he participates in any event directed by Mardi Gras Spirit Events.

| Name of Participant | Age | Birthdate (mm/dd/yy) | Insurance Company Name | Policy Number | Parent/Guardian Signature | Date Signed |
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Coach's Signature _____

For more than 15 participants, please copy this form as needed.