

**OSDTDA Oklahoma State Dance Team Championship
Release and Waiver Form (give copy to each participant)**

Minor's Name

Name of Parent/Legal Guardian

Address

School/Team Name

City

State

Zip

Date of Event

Home Phone

Cell (or other) Phone

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the OSDTDA Oklahoma Dance Team Championship (hereinafter the "Event") to be conducted by the Oklahoma Dance Team Director's Association (hereinafter "OSDTDA"). I acknowledge and agree, in my own behalf and on behalf of the Minor, that such participation subjects Minor to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of the Minor, authorize OSDTDA to obtain necessary medical treatment for the Minor and hereby, in my own behalf and on behalf of the Minor, release and hold harmless OSDTDA, Oklahoma City University, and the directors, officers, representatives, members, agents and employees of OSDTDA and Oklahoma City University (hereinafter collectively "Releasees") in the exercise of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the Event and while traveling to and from the site for the Event whether or not the Event actually occurs.

I, in my own behalf and on behalf of the Minor, further agree to release and to hold harmless Releasees from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Event, including any claim arising out of or connected with any illness or injury that the Minor may incur or sustained during the Event, all activities associated with the Event and while traveling to and from the site for the Event whether or not the Event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasee's heirs, successors, assigns, executors and administrators against loss from any further claims, demand or actions that may subsequently be brought by Minor or by any other person or persons on account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, damages or costs Releasees may have to pay as a result of any such action, claim or demand.

Appearance Agreement: I understand that the OSDTDA Oklahoma State Dance Team Championship produces promotional material relating to this event. I understand that as a participant in and/or a spectator at the Event the Minor may be included in videotapes or photographs taken during the Event. Therefore, without reservation or limitations, I, in my own behalf and on behalf of the Minor, hereby assign, transfer and grant to OSDTDA, its successors, assignees, licensees, sponsor, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape the Minor and to utilize such videotapes and photographs and Minor's name, face likeness, voice and appearance as part of the Event, in advertising and promoting the Event or in advertising and promoting similar future events. I further understand that neither OSDTDA nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

I represent that any medication to which Minor is allergic or is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Event and that he/she shall consume the prescribed dosage.

Medications (if any): _____

Allergic to (if any): _____

I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Release and Waiver in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Release and Waiver releases Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I in my own behalf and on the behalf of the Minor, further acknowledge that nothing in this Release and Waiver constitutes and guarantee that the Event will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: _____ Date: _____

I, identified above as the Minor, acknowledge that I have read this Release and Waiver form.

Signature of Minor: _____ Date: _____

**OSDTDA Oklahoma State Dance Team Championship
Release and Waiver Form Checklist**

Please list all team members, managers, etc., who will be present with your team at competition. Do not only include those dancing. Please list them in alphabetical order by last name. If it is easier to attach a separate form, please indicate that on this form and do so. Thank you!

Name and grade

| | |
|-----------|-----------|
| 1. _____ | 16. _____ |
| 2. _____ | 17. _____ |
| 3. _____ | 18. _____ |
| 4. _____ | 19. _____ |
| 5. _____ | 20. _____ |
| 6. _____ | 21. _____ |
| 7. _____ | 22. _____ |
| 8. _____ | 23. _____ |
| 9. _____ | 24. _____ |
| 10. _____ | 25. _____ |
| 11. _____ | 26. _____ |
| 12. _____ | 27. _____ |
| 13. _____ | 28. _____ |
| 14. _____ | 29. _____ |
| 15. _____ | 30. _____ |

Please add more if needed.

**Waivers and Checklist should be mailed to:
OSDTDA c/o Lynda Holt - 1316 S. Eucalyptus Lane - Broken Arrow, OK 74012**