

2017 PHILADELPHIA THANKSGIVING DAY PARADE

REGISTRATION FORM

Please print legibly and use blue or black ink when completing this form.

Return with \$200.00 per person deposit to:

"Varsity Spirit" Philadelphia Parade • P.O. Box 752790 • Memphis, TN 38175-2790.

To return by FedEx or UPS: 6745 Lenox Center Court, Suite 300, Memphis, TN 38115

For any additional information regarding this tour, please call

UCA/UDA at 888-243-3782, 800-326-2383 or NCA/NDA at 800-622-2946.

Make check payable to "Varsity Spirit Philadelphia Parade."

Participant name: _____

Full address: _____

Street Address (no P.O. Boxes accepted)

City

State

Zip

Home number: (____) _____ Cell number: (____) _____ Email address: _____

Check one: UCA All-American UDA All-American NCA All-American NDA All-American Type of team (check one) Jr. High Jr. Varsity Varsity All Star

Year in school Fall of 2017: _____

I attended 2017 Varsity Spirit camp at: _____

Name of University or Home Camp

Date Attended

Name of your school/team: _____ School/team address/city/state: _____

Parent Contact: _____ Parent Email address: _____

Parent Contact: Work Phone: (____) _____ Home Phone: (____) _____ Cell Phone: (____) _____

Tour Chaperone: _____

TRAVEL INSURANCE: I PLAN TO: Purchase travel insurance via the internet (www.insuremytrip.com) Get my own travel insurance Not have any travel protection

EXTRA NIGHTS at \$149 per room per night: # of rooms _____ for Monday, Nov. 20 # of rooms _____ for Friday, Nov. 24

ROOMING ASSIGNMENTS (Varsity Spirit does not assign roommates) TOTAL ADULTS: _____ TOTAL MINORS: _____

ROOMING LISTS (IMPORTANT): This form must be filled out completely in order for your registration to be accepted. Reservation will be entered according to the dates below and charged as such. List below names in full of people staying in either quad (4), triple (3), double (2) or rooms. In parenthesis, specify on of the following for each person: (P)=Participant (A)=Advisor (F)=Family/Friend **Please Note: Rollaway beds are not available.** (PLEASE PRINT OR TYPE)

MODE OF TRANSPORTATION TO PHILADELPHIA, PA

Flying

Driving

DOUBLES (TWO IN EACH ROOM)

	P/A/F	ARRIVAL DATE	DEPART DATE
1. _____	(____)	(____)(____)(____)	(____)(____)(____)
2. _____	(____)	(____)(____)(____)	(____)(____)(____)
1. _____	(____)	(____)(____)(____)	(____)(____)(____)
2. _____	(____)	(____)(____)(____)	(____)(____)(____)

DOUBLES (TWO IN EACH ROOM)

	P/A/F	ARRIVAL DATE	DEPART DATE
1. _____	(____)	(____)(____)(____)	(____)(____)(____)
2. _____	(____)	(____)(____)(____)	(____)(____)(____)
1. _____	(____)	(____)(____)(____)	(____)(____)(____)
2. _____	(____)	(____)(____)(____)	(____)(____)(____)

TRIPLES (THREE IN EACH ROOM)

	P/A/F	ARRIVAL DATE	DEPART DATE
1. _____	(____)	(____)(____)(____)	(____)(____)(____)
2. _____	(____)	(____)(____)(____)	(____)(____)(____)
3. _____	(____)	(____)(____)(____)	(____)(____)(____)

QUADS (FOUR IN EACH ROOM)

	P/A/F	ARRIVAL DATE	DEPART DATE
1. _____	(____)	(____)(____)(____)	(____)(____)(____)
2. _____	(____)	(____)(____)(____)	(____)(____)(____)
3. _____	(____)	(____)(____)(____)	(____)(____)(____)
4. _____	(____)	(____)(____)(____)	(____)(____)(____)

PLEASE RE-READ THE PAYMENT SCHEDULE, CANCELLATION AND REFUND SECTIONS BEFORE SIGNING THIS CONTRACT.

I/WE HAVE READ THIS BROCHURE AND UNDERSTAND AND ACCEPT ITS CONTENTS:

_____/_____/____ (____) _____
Participant's Signature Date Daytime Phone

_____/_____/____ (____) _____
Guardian/Parent Signature Date Daytime Phone

For credit card payment call our office at 800-238-0286 option 2.

CANCELLATIONS AND REFUNDS:

For cancellations received **BEFORE** September 8, 2017, all monies will be refunded with the exception of the \$200.00 per person deposit. For cancellations made **BETWEEN** September 8, 2017 and October 6, 2017, an additional \$100.00 per person penalty will apply to cover entertainment guarantees. For cancellations received **AFTER** October 7, 2017, **THERE WILL BE NO REFUNDS.**

All cancellations must be in writing to Varsity Spirit LLC. **WE WILL NOT ACCEPT CANCELLATIONS BY PHONE.** Cancellations may be faxed to Varsity Spirit at 800-969-8295.

VARSIY SPIRIT ALL-AMERICANS RULES OF CONDUCT AND BEHAVIOR

There will be many girls, boys, parents, and staff traveling to Philadelphia as part of this event. We are looking forward to a great Thanksgiving event, and would like to take this opportunity to assure all parents that our main concern is each participant's safety. Therefore, we have established the following rules of conduct and behavior for each participant while on tour. Each participant was chosen as an ALL-AMERICAN CHEERLEADER or DANCER and it is indeed an honor, as they are representing their state, hometown, school, and most of all family and themselves. Varsity Spirit, asks each participant and their parents to carefully read and understand the necessity of following these rules. Parents and participants must both sign this form and return it (with registration and other attached forms) to the Varsity Spirit office. Please remember that we want you to have a great time, but within the parameters of this agreement.

1. A chaperone/adult (age 21 and over) is required to attend with participants. This chaperone will be responsible for participants outside of scheduled rehearsals and performances (free time) including but not limited to swimming, free time at event site or hotel.
2. Varsity Spirit is not responsible for participants on their free time.
3. It is my responsibility to learn my routine from the video sent to me and to pack and bring all of my uniform to Philadelphia.
4. I understand that during the independent or free time on this tour, I will be able to sightsee or shop with my chaperone.
5. It is strictly PROHIBITED to all any member of the opposite sex in my room, whether or not they are a member of the tour and to do so will result in immediate expulsion from the tour. I also understand that if any strangers are found in my room, they will immediately be expelled from the hotel by hotel security, and the Varsity Spirit staff.
6. The use of alcohol and/or any other controlled substance is strictly PROHIBITED AND FORBIDDEN. No smoking is allowed. Failure to comply will result in immediate dismissal and a letter to your coach and principal.
7. I will be expected to be on time for all tours, sightseeing excursions, rehearsals, and performances.

I understand and agree that any infraction of these rules and conditions could cause my immediate expulsion from the tour and result in my being sent home at my parent's expense without refund for unused portions of the trip.

Participant's Signature

Date

Parent's Signature

Date

To be completed and returned for participants only.

RETURN TO: "Varsity Spirit" Philadelphia Parade

P.O. Box 752790 Memphis, TN 38175-2790

IF YOU FAIL TO COMPLETE ANY PART OF THIS FORM, IT WILL BE RETURNED TO YOU FOR COMPLETION, PRIOR TO ACCEPTANCE.

FOR MEASURING TIPS PLEASE GO TO PHILADELPHIA.VARSITY.COM AND CLICK ON UNIFORMS IN THE DROP DOWN.
It is very important that each participant measures correctly for these uniforms. Please watch the video instructions on one of the websites listed above. Even if you already purchase Varsity Uniforms, every uniform style measures differently. Exchanges may not be available for this event.
Uniforms may vary slightly from pictures in brochures.

PARTICIPANT ADDRESS

Name: _____
 Street Address (No P.O. Box numbers) _____
 City _____ State _____ Zip _____ Phone (_____) _____
 I attended 2016 camp at: _____ Regular Camp Home Camp
Name of University/School/Home Camp and City/State Date Attended
 Name of your school: _____ School city/state: _____

Please measure carefully. Uniforms may be exchanged based upon availability.

GIRLS Fill in blanks:

Height: _____ Weight: _____ Waist: _____ Bust: _____ Hips: _____

Top: Your Bust Measurement in Inches
(With Recommended size)

BUST		BUST	
<input type="checkbox"/> (Size 2XS) 24"-26"	<input type="checkbox"/> (Size XL) 39"-41"	<input type="checkbox"/> (Size XS) 27"-29"	<input type="checkbox"/> (Size 2XL) 42"-44"
<input type="checkbox"/> (Size XS) 27"-29"	<input type="checkbox"/> (Size 2XL) 42"-44"	<input type="checkbox"/> (Size S) 30"-32"	<input type="checkbox"/> (Size 3XL) 45"-47"
<input type="checkbox"/> (Size S) 30"-32"	<input type="checkbox"/> (Size 3XL) 45"-47"	<input type="checkbox"/> (Size M) 33"-35"	<input type="checkbox"/> (Size 4XL) 48"-50"
<input type="checkbox"/> (Size M) 33"-35"	<input type="checkbox"/> (Size 4XL) 48"-50"	<input type="checkbox"/> (Size L) 36"-38"	<input type="checkbox"/> (Size 5XL) 51"-53"
<input type="checkbox"/> (Size L) 36"-38"	<input type="checkbox"/> (Size 5XL) 51"-53"		

Skirt: Polyester elastic waist
(With Recommended size)

	WAIST	HIPS	LENGTH
<input type="checkbox"/> (Size XS) 20"-22"	30"-32"	10"	
<input type="checkbox"/> (Size S) 23"-25"	33"-35"	12"	
<input type="checkbox"/> (Size M) 26"-28"	36"-38"	13"	
<input type="checkbox"/> (Size L) 29"-31"	39"-41"	14"	
<input type="checkbox"/> (Size XL) 32"-34"	42"-44"	15"	
<input type="checkbox"/> (Size 2XL) 35"-37"	45"-47"	16"	
<input type="checkbox"/> (Size 3XL) 38"-40"	48"-50"	16"	
<input type="checkbox"/> (Size 4XL) 41"-43"	51"-53"	17"	

Check one:

- Brief Size:
 Small
 Medium
 Large
 X-Large
 XX-Large

(IF YOU MEASURE IN BETWEEN SIZES, GO WITH THE LARGER SIZE)

Souvenir T-Shirt

Y. Medium (10-12) Y. Large (14-16) Small Medium Large X-Large XX-Large

GUYS Fill in blanks:

Height: _____ Weight: _____ Waist: _____ Chest: _____

Your Chest Measurement in Inches
(With Recommended size)

<input type="checkbox"/> (Size 2XS) 24"-26"	<input type="checkbox"/> (Size XL) 39"-41"
<input type="checkbox"/> (Size XS) 27"-29"	<input type="checkbox"/> (Size 2XL) 42"-44"
<input type="checkbox"/> (Size S) 30"-32"	<input type="checkbox"/> (Size 3XL) 45"-47"
<input type="checkbox"/> (Size M) 33"-35"	<input type="checkbox"/> (Size 4XL) 48"-50"
<input type="checkbox"/> (Size L) 36"-38"	<input type="checkbox"/> (Size 5XL) 51"-53"

Your Waist Measurement in Inches
(With Recommended size)

<input type="checkbox"/> (Size 28"-30")	S
<input type="checkbox"/> (Size 31"-33")	M
<input type="checkbox"/> (Size 34"-36")	L
<input type="checkbox"/> (Size 37"-39")	XL
<input type="checkbox"/> (Size 40"-42")	2XL
<input type="checkbox"/> (Size 43"-45")	3XL

*Pants will be shipped unhemmed to ensure proper length

Souvenir T-Shirt

- Y. Medium (10-12)
 Y. Large (14-16)
 Small
 Medium
 Large
 X-Large
 XX-Large

NON-PARTICIPANT: For traveling non-participants only (Please indicate number of each)

____ Youth Med. (10-12) ____ Youth Lg. (14-16) ____ Small ____ Medium ____ Large ____ X-Large ____ XX-Large ____ 3X-Large

Names of Traveling Non-Participants (on the tour package): _____

COMPLETE AND RETURN THIS FORM TO: "Varsity Spirit" Philadelphia Parade • P.O. Box 752790 • Memphis, TN 38175-2790

IF YOU FAIL TO COMPLETE ANY PART OF THIS FORM, IT WILL BE RETURNED TO YOU FOR COMPLETION, PRIOR TO ACCEPTANCE.

2017 Philadelphia Thanksgiving Day Parade ADULT Release and Waiver Form

Adult's Name _____
(Please Print)
Address _____
City _____ St _____ Zip _____
Phone _____
School Name _____

Liability Release: For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I agree to participate in the Philadelphia Parade ("the Event") on or about November 19 through November 25, 2017 to be conducted by Varsity Spirit LLC ("Varsity Spirit"), d/b/a Universal Cheerleaders Association ("UCA"), d/b/a Universal Dance Association ("UDA"), d/b/a National Cheerleaders Association ("NCA") and d/b/a National Dance Association ("NDA"). I further agree to release and to hold harmless Varsity Spirit, the Hosting site (university, hotel, convention center, high school) on whose premises the Event will occur (hereinafter the "Location") and the Event officials, Varsity Spirit's Corporate Sponsors (hereinafter "Sponsors") and production staff (hereinafter "Varsity's Event Agents") the affiliates of Varsity Spirit, Sponsors, Location and the Event Agents, and the respective directors, officers, representatives, members, agents and employees of Varsity Spirit, the Location, Event Agents and their respective affiliates (hereinafter collectively "Releasees") from any and all liability whether caused by the negligence of the Releasees or otherwise for any 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 (minimal, serious, catastrophic and / or death) that may incur or sustain 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 Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by me or by any other persons on the account of damages of any character resulting to me in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim or demand.

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

Signature Adult: **X** _____ Date: _____

Medical Release: I acknowledge and agree that such participation subjects me to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I acknowledge that I am assuming the risk of such illness or injury by participating in the Event. In the event of such illness or injury, I authorize Varsity Spirit to obtain necessary medical treatment for me and hereby release and hold harmless Releasees in the exercises 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 by me for any illness or injury that I may sustain during the Event and while traveling to and from the site for the Event whether or not the Event actually occurs.

Supervision: I acknowledge that Varsity Spirit and/or Releasees are not responsible for supervising me.

APPEARANCE AGREEMENT: I understand Varsity will arrange for photography during the Event which may include me and that Varsity will arrange the proposed videotapes, DVD's, podcasts and videocasts that may feature the Event (the "Programs"). I hereby grant Varsity, their successors, assignees, licensees, sponsors, and all other commercial exhibitors the exclusive right to photograph and/or video tape me and further utilize my name, event participation, hometown, face, likeness, voice and appearance as part of the Programs, or in any other media now in existence or hereafter developed, in advertising and promoting the Programs and in advertising and promotions relating to Varsity without reservation or limitation. In granting this license, I understand that Varsity is under any obligation to exercise any of their rights, licenses and privileges herein granted. I waive any right to inspect or approve the Programs, copies thereof and any promotional materials related thereto.

Responsibility Disclosure Notice: Varsity Spirit acts only as an agent in connection with the tour offered herein and its liability is limited. The travel services including air transportation, carriage by land, hotel accommodations, restaurants, and related services are provided by independent third parties not under the control of Varsity Spirit. Varsity Spirit shall not bear any liability to the passenger or any third party for any injury, damage, loss, accident, delay, or irregularity which may be occasioned either by reason of or through the acts or defaults of any company or person engaged in conveying the passengers or in carrying out the arrangements of the tour and/or performance events, venues, etc. as a direct or indirect result of acts of God, dangers incident to fire, breakdown in machinery or equipment, acts of governments or other authorities, civil disturbances, strikes, riots, acts of terrorism, theft, unhealthy conditions, pilferage, epidemics, quarantines, medical or customs regulations, or from any other cause beyond the control of Varsity Spirit. Varsity Spirit shall not be liable for any losses or additional expenses due to delay or changes in schedule or other causes. The right is reserved to decline, to accept, or to retain any tour passenger should such person's health or general deportment impede the operation of the tour to the detriment of other passengers. No refunds for your portions of unused services can be made unless agreed to prior to the scheduled deadlines. Your retention of tickets, reservations, or bookings after issuance shall constitute a consent to the above and agreement on your part to convey the contents herein to your traveling companions. Payment of any deposit or final payment shall be deemed to constitute consent by each passenger to these terms. Baggage is carried at the owner's risk and baggage insurance is strongly recommended. It is also recommended that each participant in this tour have his or her own attorney review this RESPONSIBILITY DISCLOSURE NOTICE before indicating his or her consent by signing this consent form.

I represent that any medication to which I am allergic or medications that I am currently taking are listed below. I agree that I shall bring medications which I am currently taking with me to the Event and that I shall consume the prescribed dosage for such medications.

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that I suffer from the following conditions: _____

School Name (of participant) _____

EMERGENCY INFORMATION: (Not traveling with you)

Name: _____ Address _____

Telephone (_____) _____ (home) (_____) _____ (work)

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

Signature of Adult: **X** _____ Date: _____

Every adult on the tour package must complete this form and return to Varsity's office with the initial registration.

2017 Philadelphia Thanksgiving Day Parade MINOR Release and Waiver Form

Minor's Name _____
(Please Print)
Address _____
City _____ St _____ Zip _____
Phone _____
School Name _____

Liability Release: 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 Philadelphia Parade ("the Event") on or about November 18 through November 25, 2017 to be conducted by Varsity Spirit LLC ("Varsity Spirit"), d/b/a Universal Cheerleaders Association ("UCA"), d/b/a Universal Dance Association ("UDA"), d/b/a National Cheerleaders Association ("NCA") and d/b/a National Dance Association ("NDA"). I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless Varsity Spirit, the Hosting site (university, hotel, convention center, high school) on whose premises the Event will occur (hereinafter the "Location") and the Event officials, Varsity Spirit's Corporate Sponsors (hereinafter "Sponsors") and production staff (hereinafter "Varsity's Event Agents") the affiliates of Varsity Spirit, Location and the Event Agents, and the respective directors, officers, representatives, members, agents and employees of Varsity Spirit, Sponsors, the Location, Event Agents and their respective affiliates (hereinafter collectively "Releasees") from any and all liability whether caused by the negligence of the Releasees or otherwise for any 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 (minimal, serious, catastrophic and / or death) that Minor may incur or sustain 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 Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the 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 or costs Releasees may have to pay as a result of any such action, claim or demand.

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

Signature of Parent or Legal Guardian: X _____ Date: _____

Medical Release: I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the Event. In the event of such illness or injury, I authorize Varsity Spirit to obtain necessary medical treatment of Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises 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 Minor for any illness or injury that Minor may sustain during the Event and while traveling to and from the site for the Event whether or not the Event actually occurs.

Supervision: A Chaperone/Adult (age 21 and over) is required to attend with participants. This Chaperone will be responsible for the participant at all times. I/we acknowledge that Varsity Spirit and/or Releasees are not responsible for supervising Minor.

APPEARANCE AGREEMENT: I/we understand Varsity will arrange for photography during the Event which may include minor and that Varsity will arrange the proposed videotapes, DVD's, podcasts and videocasts that may feature the Event (the "Programs"). I/we hereby grant Varsity, their successors, assignees, licensees, sponsors, and all other commercial exhibitors the exclusive right to photograph and/or video tape minor and further utilize minor's name, event participation, hometown, face, likeness, voice and appearance as part of the Programs, or in any other media now in existence or hereafter developed, in advertising and promoting the Programs and in advertising and promotions relating to Varsity without reservation or limitation. In granting this license, I/we understand that Varsity is under no obligation to exercise any of their rights, licenses and privileges herein granted. I/we waive any right to inspect or approve the Programs, copies thereof and any promotional materials related thereto.

Responsibility Disclosure Notice: Varsity Spirit acts only as an agent in connection with the tour offered herein and its liability is limited. The travel services including air transportation, carriage by land, hotel accommodations, restaurants, and related services are provided by independent third parties not under the control of Varsity Spirit. Varsity Spirit shall not bear any liability to the passenger or any third party for any injury, damage, loss, accident, delay, or irregularity which may be occasioned either by reason of or through the acts or defaults of any company or person engaged in conveying the passengers or in carrying out the arrangements of the tour and/or performance events, venues, etc. as a direct or indirect result of acts of God, dangers incident to fire, breakdown in machinery or equipment, acts of governments or other authorities, civil disturbances, strikes, riots, acts of terrorism, theft, unhealthy conditions, pilferage, epidemics, quarantines, medical or customs regulations, or from any other cause beyond the control of Varsity Spirit. Varsity Spirit shall not be liable for any losses or additional expenses due to delay or changes in schedule or other causes. The right is reserved to decline, to accept, or to retain any tour passenger should such person's health or general deportment impede the operation of the tour to the detriment of other passengers. No refunds for your portions of unused services can be made unless agreed to prior to the scheduled deadlines. Your retention of tickets, reservations, or bookings after issuance shall constitute a consent to the above and agreement on your part to convey the contents herein to your traveling companions. Payment of any deposit or final payment shall be deemed to constitute consent by each passenger to these terms. Baggage is carried at the owner's risk and baggage insurance is strongly recommended. It is also recommended that each participant in this tour have his or her own attorney review this RESPONSIBILITY DISCLOSURE NOTICE before indicating his or her consent by signing this consent form.

I represent that any medication to which Minor is allergic or medications that Minor 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 for such medications.

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that Minor suffers from the following conditions: _____

School Name (of participant) _____

EMERGENCY INFORMATION: (Not traveling with Minor)

Name: _____ Address _____

Telephone (_____) _____ (home) _____ (work)

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

Signature of Parent or Legal Guardian: X _____ Date: _____

Relationship to Minor: _____

Every minor on the tour package must complete this form and return to Varsity's office with the initial registration.