

## **Infectious Disease Safety Policy & Liability Release Forms | THRIVE Camps**

Due to the COVID-19 pandemic, the THRIVE Cheer & Dance Company, LLC is taking extra precautions with the care of every participant to limit the spread of infectious diseases, including health history review and enhanced sanitation, disinfecting procedures in compliance with CDC guidance.

Symptoms of COVID-19 include, but are not limited to:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea, vomiting, or diarrhea

I agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 10 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 10 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 10 days.
- I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a “hot spot” for COVID-19 infections within the past 30-days.
- I understand that the THRIVE Cheer & Dance Company, LLC, its staff, and its likenesses cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each participant.

### **ACKNOWLEDGEMENT & RELEASE**

THRIVE is performing whatever steps it (and any local governing body) deems necessary to protect me/us from the transmission of any virus, cold, sickness, or other infectious disease (including, but not limited to, COVID-19) but cannot guarantee elimination of all risk associated with such transmission or infection.

To that end, I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify the THRIVE Cheer and Dance Company, LLC from any liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with the transmission of any virus, cold, sickness, or other infectious disease (including, but not limited to, COVID-19).

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Participant Name [Print]

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Participant Parent/Caregiver Name [Print]

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Participant Parent/Caregiver Signature

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Date

# THRIVE SPIRIT CAMPS 2024 Medical and Media/Publicity Release Form

A Medical and Publicity Release form must be completed for each participant by the parent or legal guardian of that participant. Any participant that does not have a completed release form will not be permitted to participate and will not receive a refund of any Camp-related fees.

## **Medical Release**

**Participant Name** \_\_\_\_\_

Participant Home Address \_\_\_\_\_

School or Team \_\_\_\_\_

Parent/Caregiver Name(s) \_\_\_\_\_

Parent/Caregiver Address \_\_\_\_\_

**List participants' medications, allergies, or relevant conditions:**

\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Company\* \_\_\_\_\_ Policy Number \_\_\_\_\_

*\*Each participant must carry medical insurance*

## **Medical 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 any THRIVE Camp ("Camp") to be conducted by THRIVE Cheer and Dance Company, LLC ("THRIVE"). I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless THRIVE, THRIVE's Corporate Sponsors (hereinafter "Sponsors"), the hosting site (university, hotel, convention center, high school) on whose premises the Camp will occur (hereinafter the "Location"), the Location's governing body (school system, corporate office) (hereinafter the "Location's Superior") the affiliates of and the respective directors, officers, volunteers, vendors, personnel, representatives, members, agents and employees of the preceding parties (hereinafter collectively "Releasees") from any and all liability whether caused by 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 Camp, 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 Camp, all activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assignees, 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.

As the parent or legal guardian of the above-listed Minor, I freely acknowledge that I have voluntarily registered my child to participate in cheerleading activities which include dance, gymnastics, stunting, jumping and tumbling components. I fully understand that cheerleading is a sport in which the risk of injury is high; that any one of the routines involving our Minor's participation in cheerleading activities in general could lead to serious injury, including partial or total paralysis, even death. I understand that such risks are inherent in the activities and that even with precautions and safety measures they simply cannot be eliminated without jeopardizing the essential qualities of the activities. I also understand and acknowledge that injuries received by my child may be compounded or increased by negligent rescue operations or the assistance other personnel, including but not limited to THRIVE Camps. Understanding such dangers, I hereby knowingly and have voluntarily registered my child in the Camp.

**INFECTIOUS DISEASE WAIVER:** I, on my own behalf (whether I am the Participant or am a visitor) and/or on behalf of any child(ren) upon which I am executing this agreement with full authority, understand, acknowledge, and expressly agree that I am attending or appearing at THRIVE-directed events, camps, and premises on my own free will and accord. I understand that there are risks associated with appearing at THRIVE-directed events, camps, and premises including, but not limited to, COVID-19.

THRIVE is performing whatever steps it (and any local governing body) deems necessary to protect me/us from the transmission of any virus, cold, sickness, or other infectious disease (including, but not limited to, COVID-19) but cannot guarantee elimination of all risk associated with such transmission or infection. To that end, I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify THRIVE Spirit from any liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with the transmission of any virus, cold, sickness, or other infectious disease (including, but not limited to, COVID-19).

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, on 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, on my own behalf and on behalf of Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Camp will occur. I, on my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will. **Initial** \_\_\_\_\_.

**Treatment Authorization**

In the event of an emergency, I give my permission for medical treatment to be administered to my Minor named above when neither parent/guardian can be reached. I acknowledge that the above-named participant must have his/her own medical/accident insurance. **Initial** \_\_\_\_\_.

**Media & Publicity Release**

I understand that as a participant and/ or a spectator at the Camp, that Minor may be included in recordings, photos, and podcasts taken during the Camp. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to THRIVE, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape Minor and to utilize such videotapes and photographs and Minor's name, face likeness, voice and appearance as a part of the Camp or in any other media now in existence or hereafter developed, in advertising and promoting the Camp, in advertising and promoting similar future Camps or in advertising and promotions relating to THRIVE, and for any other use or purpose whatsoever without reservations and limitations. I further understand that neither THRIVE nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges herein granted. I waive any right to inspect or approve any materials related thereto. **Initial** \_\_\_\_\_.

I, hereby, grant permission to THRIVE Cheer and Dance Company, LLC, and its successors and assigns, the unrestricted right to use the above-named participants' picture or image in any advertising and/or literature, website or events coordinated by THRIVE. **Initial** \_\_\_\_\_.

*I certify that all information contained in the above form to be true and by signing this document agree that all participant eligibility, Camp rules and regulations have and will be followed. I understand that if challenged, proof of my child's age/grade must be provided.*

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Date