ADULT RELEASE / WAIVER FORM

2026 ICU PAN-AMERICAN CHEERLEADING CHAMPIONSHIPS & ICU COPA AMERICAN CHEERLEADING CHAMPIONSHIPS

Organization / Team Name _____

Adult Release /Waiver Form

Do Not Staple

Full First/Given Name(s): _____
(Please Print)

Full Last/Family Name(s):_____

Street Address: _____ City _____ State / Province_____

Postal Code: _____ Country _____

Phone Number: _____ Email _____

As used herein, "ICU" shall mean "International Cheer Union" and their respective parent, subsidiary and other affiliated organizations and companies, and the officers, directors, employees, agents, successors and assigns of each of the foregoing; and "FMPGA" shall mean "*FEDERACIÓN MEXICANA DE PORRISTAS Y GRUPOS DE ANIMACIÓN (FMPGA)*" and their respective parent, subsidiary and other affiliated organizations and companies, and the officers, directors, employees, agents, successors and assigns of each of the foregoing.

TERMS AND CONDITIONS OF PARTICIPATION – READ CAREFULLY BEFORE SIGNING

In consideration of your participation in the Sport of Cheer (Cheerleading & Performance Cheer) or other activities conducted by the 2026 ICU Pan-American Cheerleading Championship & 2026 ICU Copa Americana Cheerleading Championships in Santiago, Chile on or about September 25, 26 and 27 2026 pursuant to the 2026 ICU Pan-American Cheerleading Championship & 2026 ICU Copa Americana Cheerleading Championships in Mexico City, Mexico (the "Event"), wherever the Event and/or activities may occur, you hereby attest after reading this Form completely and carefully, including the notice above your signature, you acknowledge that your participation in the Event is entirely voluntary, and that you understand and agree as follows:

1. **RELEASE OF LIABILITY:** I agree to waive and release all liabilities, claims, actions, damages, costs or expenses of any nature ("Claims") associated with all the risks inherent in my participation in the Event or other activities conducted in conjunction with (whose risks may include, but are not limited to, exposure to Naegliria bacteria Fowlerii and coliform bacteria, muscle injuries, heat and stress-related issues, cuts, lacerations, and broken bones), whether or not such risks are overt and obvious. Further, on behalf of myself, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined under "INDEMNIFICATION/INSURANCE" below) from and to all Claims arising in any manner or in any way connected with my participation in the Event.

2. **INDEMNIFICATION/INSURANCE:** I agree to indemnify and hold each International Cheer Union, all Event sponsors and charities having a presence at the Event and their respective parent, subsidiary and other affiliated or related organizations and companies; **FEDERACIÓN MEXICANA DE PORRISTAS Y GRUPOS DE ANIMACIÓN** (FMPGA)all Event sponsors and charities having a presence at the Event and their respective parent, subsidiary and other affiliated or related organizations and companies, and volunteers of each of the foregoing entities (collectively, the "Released Parties") harmless from and against any and all Claims arising out of or in any way connected with myparticipation in the Event, wherever the Event may occur, including, but not limited to, all attorneys' fees and disbursements through and including any appeal. I understand and agree that this indemnity includes any Claims based on the negligence, action, or inaction of any of the Released Parties and covers bodily injury (including death), property damage, and loss by theft or otherwise, whether suffered by me either before, during or after participation in the Event. I agree that I am not relying on the Released Parties to have arranged for, or carry, any insurance of any kind for my benefit or that of my participation in the activities and the Event, and that I am solely responsible for obtaining any mandatory or desired life, travel, accident, property, or other insurance related to my participation in the Event, at my own expense.

3. **PHYSICAL CONDITION/MEDICAL AUTHORIZATION:** I hereby certify that I am physically fit to participate in the Event and have the skill level required in connection with the Event, and I have not been advised to the contrary. I agree that before I participate in

any activities conducted in conjunction with the Event, I will inspect the related facilities and equipment. In connection with any injury sustained or illness or medical conditions experienced during my attendance in connection with the Event, I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by medical personnel if I am unable to act on my own behalf or that of my team's medical staff if aplicable. I further authorize medical treatment for me, at my expense, should the need arise; however, I acknowledge that the Released Parties shall have no duty, obligation or liability arising out of the provision of, or failure to provide, medical treatment.

4. **INSPECTION OF EQUIPMENT AND FACILITIES:** I agree to immediately report to the Event manager any unsafe condition that I observe. I will refuse to participate, in the Event until all unsafe conditions observed by me have been remedied.

5. **PUBLICITY RIGHTS:** I also grant the Released Parties the right to photograph and/or record me and further to display, edit, use, and/or otherwise exploit my face, likeness, voice and appearance in all media, whether now known or here after devised (including, but not limited to, computer applications or other devices, online webcasts, and television programming (including broadcasts, movies, newspapers, and magazines) and in in all forms, including, without limitation, digitized images or videos, throughout the universe in perpetuity, whether for advertising, publicity or promotional purposes, including, without limitation, publication and use of Event results and standings, without compensation, residual obligations, reservation or limitation, or further approval, and I agree to indemnify and hold the Released Parties harmless from any and all claims associated with such grant and right of use. The Released Parties are, however, under no obligaton to exercise any rights granted to them.

6. APPLICABLE LAW: This Form will be governed by the laws of the Organizing Country, and any legal action related to or derived from this Form will be initiated exclusively in the organizer's country AND I SPECIFICALLY WAIVE THE RIGHT TO TRIAL BY JURY.

7. SUPERVISION: I acknowledge that the organizers (ICU & FMPGA) are not responsible for supervising me.

8. RESPONSIBILITY DISCLOSURE NOTICE: The organizers (ICU & FMPGA) act only as an agent in connection with the tour offered here and its liability is limited. Travel services, including air transportation, ground transportation, hotel accommodation, restaurants and related services, are provided by independent third parties that are not under the control of the organizers. The organizer will NOT bear any liability to the passenger or any person who claims for or to through the passenger for any injury, damage, loss, delay, or irregularity that may be caused either by the acts or defaults of any company or person dedicated to transporting passengers or carrying out the arrangements of the tour and / or events, venues, places, etc. as a direct or indirect result of nature, fire hazards, machinery or equipment breakdown, acts of governments or other authorities, civil unrest, strikes, riots, acts of terrorism, theft, unsanitary conditions, theft, epidemics, quarantine, medical or customs regulations , or any other cause beyond the control of the organizers (ICU & FMPGA). The organizers (ICU & FMPGA) will not be responsible for losses or additional expenses due to delays or changes in the schedule or other causes. The right is reserved to decline, accept or retain any tour passenger should the health or general deportment of said person impede with the operation of the trip to the detriment of other passengers.

   Baggage is transported at the owner's risk and expense and baggage insurance is strongly recommended.

9. MEDICAL RELEASE: I authorize to procure at my expense, any medical care reasonably required by me during my visit to hospitals or facilities chosen by the organizers (ICU & FMPGA). I have listed below any medication that I am currently taking. I will ensure that I bring the medication with me and I acknowledge that I am responsible for taking the medication. I have also listed below any medication that I am allergic to (please indicate below).

10. COVID-19 AND ANY OTHER COMMUNICABLE OR INFECTIOUS DISEASE: WAIVER OF LIABILITY, WAIVER OF CLASS ACTION, BINDING ARBITRATION, AND OTHER PROVISIONS: In arranging for, and in consideration of my participating in the Competition Event, and in consideration of being able to visit and/or, transportation and activities, I accept, understand and acknowledge, on my own behalf and on behalf of any person using a ticket, pass or reservation made by me, as follows (collectively, "COVID -19 and Other Provisions on Communicable/Infectious Diseases"):

11. Assumpion of Risk: I acknowledge that there is an inherent risk of exposure to COVID-19 disease (as defined by the World Health Organization and any strains, variants or mutations thereof) and SARS-CoV-2 (the virus that can cause COVID-19) (collectively, "COVID-19"), and any other communicable or infectious disease, exists in any public place where people are present. "Communicable disease" means any disease caused by microorganisms such as bacteria, viruses, parasites or fungi that can spread, directly or indirectly, from one person to another. "Infectious disease" means any disease caused by microorganisms such as bacteria, viruses, parasites, or fungi that enter the body, multiply, and can cause infection. COVID-19 is an extremely contagious disease that can lead to serious illness and death. No precaution can eliminate the risk of exposure to COVID-19, and the risk of exposure applies to everyone. According to the Centers for Disease Control and Prevention ("CDC"), older adults (people over the age of 65) and people of any age who have underlying medical conditions may be at increased risk of severe illness and death by

COVID-19. I acknowledge that the risk of exposure to COVID-19 and any other communicable or infectious disease includes the risk that I will expose myself, and that I Will expose others even if learned later, and even if I am not experiencing or displaying any symptoms of illness.

I agree to voluntarily assume all risks in any way related to exposure to COVID-19 and any other communicable or infectious disease, including illness, injury, or death to myself or others, including without limitation, all risks based on the sole, joint, active or passive negligence of any of the above Released Parties. I acknowledge that my visit and participation are entirely voluntary.

12. Waiver: On my own behalf and on behalf my heirs, executors, personal representatives, administrators and assigns, agree to forever waive, covenant not to sue, release and release the Released Parties, named above, from any and all Claims arising out of or in any way related to exposure to COVID-19 and any other communicable or infectious disease during my visit to and/or transportation and activities.

    This waiver of liability and assumption of risk set forth above is intended to be as broad and inclusive as permitted by law.

13. Acknowledgment of presumption of risk and waiver by other users: I attest, acknowledge and agree that any person for whom I have purchased a ticket or pass or made a reservation or who uses a ticket, pass or reservation made by me has independently and carefully read this COVID-19 and Other Communicable/Infectious Diseases and has I acknowledge that I have knowingly and independently agreed to all of its provisions, including without limitation (1) voluntarily assuming any and all risks related to exposure to COVID-19 and any other communicable or infectious disease, including illness, injury, or death of itself, or others, and including without limitation, all risks based on the sole, joint, active or passive negligence of any of the aforementioned Released Parties, and (2) agree, on its own behalf and on behalf of their heirs, executors, personal representatives, administrators and assigns, the forever waiver, the covenant not to sue, release and license the Released Parties, mentioned s above, from any and all Claims, arising out of or in any way related to exposure to COVID-19 and any other communicable or infectious disease during my visit and/or, transportation and activities.

14. Third Party Beneficiaries: I acknowledge and agree that any person for whom I have purchased a ticket or pass or made a reservation or who uses a ticket, pass or reservation made by me is and is intended to be a third party beneficiary of that ticket, pass or reservation made by me.

15. Indemnification/Insurance: On behalf of myself,and on behalf of my heirs, executors, personal representatives, administrators, and assigns, I agree to indemnify and hold each of the Released Parties harmless from and against any and all Claims made or incurred by any person, including myself, and any person using a ticket, pass or arrangement made by me, arising out of or in any way connected with my purchase of an admission ticket(s) or pass(es) and/or my making a reservation(s), and subsequent visit and/or, transportation and activities and arising from any and all of the risks described above in the section titled Presumption of Risk or otherwise related to exposure to COVID-19 and any other communicable or infectious disease, wherever such activities occur and whether they have been suffered before, during or after such participation. My indemnification obligations shall include, without limitation, all attorneys' fees and costs incurred by either Released Party through and including any appeals. I understand and agree that I am not relying on the Released Parties to have arranged, or carry, any insurance of any kind for my benefit relating to my visit to and/ or transportation and activities and that I am solely responsible for to obtain any mandatory or desired life, travel, accident, property or other insurance related to my visit and/or, transportation and activities, at my own expense.

By signing below, I certify that: (1) I have fully and completely read and understand this Form; (2) I am 18 years of age or older; (3) the information set forth above pertaining to me is true and complete; and (4) I consent and agree to all of the foregoing on behalf of myself identified above.

Medications I am taking (if any):

_____

Medications I am allergic to (if any):

_____

Organization/Team Name:

_____

X_____ _____

Adult Signature Date Witness Date

EMERGENCY INFORMATION:

Name: _____ Address: _____

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

ALL ADULT ATHLETES & COACHES MEMBERS MUST SIGN A RELEASE WAIVER FORM.

THESE FORMS MUST BE DELIVERED TO THE COMPETITION OFFICE BY THE TEAM HEAD COACH