**LIABILITY WAIVER & PHOTO RELEASE**

The Event (the “Event”):  Dallas Cowboys Cheerleader Youth Clinic

Date of the Event: Monday, 7 April 2025

Event Location:  USAG Rhineland-Pfalz Baumholder Hall of Champions Physical Fitness Center

The Participant (the “Participant”) (full name):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of the Participant’s right to participate in the Event, and because the Participant is under eighteen (18) years of age, I, as Participant’s Parent and/or Guardian (the “Signor”) agree as follows:

**1)** I authorize the Participant to participate in the Event.

**2)** I acknowledge that the Participant’s participation in the Event involves risk of serious bodily injury, death, and/or property damage. I assume and accept all risk of bodily injury, death, property damage and other harm connected with the Participant’s participation in the Event.  I acknowledge that I am responsible for any and all medical expenses due to the Participant’s illness or injury in connection with the Event.

**3)** I acknowledge that the Event may involve strenuous and hazardous physical activities and I certify that the Participant is in excellent physical health and has no physical limitations, medical ailments, physical or mental disabilities that would prevent the Participant from participating in the Event.  I grant permission to the Event parties to provide the Participant with emergency medical treatment if needed.

**4)** I acknowledge that Participant’s participation in the Event may involve danger and risk related to exposure to communicable diseases or illnesses (e.g., COVID-19). By allowing Participant to participate in the Event, I knowingly and voluntarily assume full responsibility for, and risk of, any illness, death or other injury or damages related to exposure to communicable diseases (e.g., COVID-19), including all risks based on the sole, joint, active or passive negligence of any of the Released Parties, connected with the Participant’s participation in the Event.  I agree that I and Participant will abide by any health and safety rules, requirements or policies while at the Event.

**5)** I hereby indemnify, hold harmless, agree not to sue, and release: Dallas Cowboys Football Club, Ltd., any Dallas Cowboys player, Gene and Jerry Jones Family Foundation, the National Football League, Blue Star Operations Services, LLC, Pro Silver Star, Ltd., Frisco Management LLC, Blue Star Media, Ltd., Dallas Cowboys Merchandising, Ltd., Dallas Cowboys Pro Shops, L.P., United Service Organizations, Inc., and any participating agencies, and each of the forgoing entities’ directors, officers, subsidiaries, affiliates, owners, joint venturers, partners, employees, agents, members, volunteers and corporate sponsors both as organizations and each person individually (collectively, the “Released Parties”) from any and all liability for all claims, demands, losses, damages and costs, including reasonable attorneys’ fees, that arise out of or in connection with any personal injury, even injury resulting in death, property damage, and/or other loss suffered by the Participant in connection with Participant’s participation in the Event. In addition, I hereby waive any and all right of recovery, claims, actions or cause of action against the Released Parties for any loss or damage which is insured against (or which is required hereunder to be insured against), regardless of cause or origin, including negligence of the Released Parties, and I covenant that no insures shall hold any right of subrogation against the Released Parties. If my respective insurer does not permit such a waiver without an appropriate endorsement to my insurance policies, then I covenant and agree to notify my insurer of the waiver set forth herein and to secure from such insurer and appropriate endorsement to its respective insurance policy with respect to such waiver.

**6) PHOTO RELEASE**. I authorize the Released Parties to take photographs and videotapes of the Participant and to record the Participant’s voice, conversation and other sounds during and in connection with the Event. I acknowledge that the Released Parties shall own exclusively all copyright and other rights in and to such tapes, photography, and recordings and may use them forever and throughout the world in any manner without compensation to me or the Participant. I authorize the Released Parties to use the Participant’s name, voice, likeness, and any biographical facts provided to the Event in advertising and promoting the Released Parties without further compensation.

**7)** I acknowledge that I am solely responsible for the Participant.

**8)** I acknowledge and agree that the Released Parties will be collecting personal data about the Signor. I have reviewed the Released Parties’ privacy policy statement at <https://www.dallascowboys.com/privacy-policy> and <https://www.uso.org/privacy> , respectively, and hereby agree to all of the terms and conditions of the privacy statement of the Released Parties. The Released Parties do not knowingly collect, use, or disclose personal information from children under the age of 13.

**9)** I certify that I am the parent or legal guardian of the Participant, should the Participant not be of a legal age to sign this release.

**10)** I acknowledge that by signing this release I will be forever prevented from suing or otherwise claiming against the Released Parties for any property loss or personal injury that may be sustained while participating in or preparing for the Event.  This release shall be governed and construed in accordance with the laws of the state of Texas.

**11)** I acknowledge that I have read and understand this release fully, understand its contents, and I am aware that by signing this release I am waiving certain legal rights which me or my heirs, next of kin, executors, administrators and assigns may have against the Released Parties.

**12)** I have signed this release of my own free will.

PARENT / GUARDIAN MUST SIGN AND COMPLETE INFORMATION BELOW (Please Print Clearly)

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT PARENT / GUARDIAN FULL NAME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT / GUARDIAN E-MAIL:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You may email the completed form to BHCYSPCS@army.mil by 3:00pm Monday, 7 April**