



USASF PROGRAM RELEASE WAIVER 2019/2020

Athlete Name _____ USASF MEMBER # _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

PRIMARY PROGRAM _____ USASF MEMBER # _____

(First program where athlete was a member)

Program Owner _____ Program Owner's Cell _____

Primary Program Address _____

City _____ State _____ Zip _____

Program Phone _____ Website _____ Email _____

SECONDARY PROGRAM _____ USASF MEMBER # _____

(Second program where athlete is transferring)

Program Owner _____ Program Owner's Cell _____

Primary Program Address _____

City _____ State _____ Zip _____

Program Phone _____ Website _____ Email _____

Completion of the **USASF Program Release Waiver** is a required process between the primary and secondary program owners. In the event a formal protest is made, and the official release waiver has not been signed, or if the secondary program is not able to provide one as physical proof to a USASF official, then the secondary program will not be eligible or will be disqualified depending on the time of the formal protest. All **USASF Program Release Waivers** must be available at Worlds upon request.

*As the **PRIMARY PROGRAM OWNER** signing this release waiver, I fully release the above listed athlete in order to participate with the above listed program in **THE CHEERLEADING WORLDS 2020** or **THE DANCE WORLDS 2020**.*

Primary Program Owner's Signature _____ Date _____

*As the **SECONDARY PROGRAM OWNER**, I attest that the information provided is accurate and understand falsifying documents will result in automatic ineligibility of the alternate and will result in disciplinary action by the USASF Disciplinary Committee.*

Secondary Program Owner's Signature _____ Date _____

