

2017 THANKSGIVING TOUR

AT THE Walt Disney World Resort

REGISTRATION FORM

Please check here if you are planning on purchasing the "commuter" participant package. (A commuter must live within a 85 mile radius of Orlando, FL)

Please complete this form and return with \$200.00 per person deposit to: Varsity Spirit Thanksgiving Tour • P.O. Box 752790 • Memphis, TN 38175-2790.
To return by FedEx or UPS: 6745 Lenox Center Court, Suite 300, Memphis, TN 38115 / or to fax along with credit card info: 800-969-8295

For any additional information regarding this tour, please call 888-243-3782 • 800-326-2383 • 800-622-2946. Make check payable to "Varsity Spirit Thanksgiving Tour."
Deposit due: \$200.00 per person.

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 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: _____ School address/city/state: _____

Parent Contact: _____ Email address: _____

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

Tour Chaperone: _____

• The majority of communication is via email.

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

(If you are a commuter please write "commuter" in the rooming list area)

EXTRA NIGHTS at \$195 per room per night: # of rooms _____ for Monday, Nov. 20 # of rooms _____ for Friday, Nov. 24

ROOMING ASSIGNMENTS (Varsity Spirit LLC 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), or double (2) 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)

• Please indicate below with a (✓) if you would like to upgrade your 4 Day Hopper Pass to a 5 Day Hopper Pass for an additional \$30 per person.

MODE OF TRANSPORTATION TO ORLANDO, FL

Flying

Driving

SINGLES (ONE PERSON ROOM)

	AGE	P/A/F	ARRIVAL DATE	DEPART DATE	UPGRADE TO 5 DAY HOPPER
1. _____	(____)	(____)	(____)	(____)	(____)
1. _____	(____)	(____)	(____)	(____)	(____)

TRIPLES (THREE IN EACH ROOM)

	AGE	P/A/F	ARRIVAL DATE	DEPART DATE	UPGRADE TO 5 DAY HOPPER
1. _____	(____)	(____)	(____)	(____)	(____)
2. _____	(____)	(____)	(____)	(____)	(____)
3. _____	(____)	(____)	(____)	(____)	(____)

DOUBLES (TWO IN EACH ROOM)

	AGE	P/A/F	ARRIVAL DATE	DEPART DATE	UPGRADE TO 5 DAY HOPPER
1. _____	(____)	(____)	(____)	(____)	(____)
2. _____	(____)	(____)	(____)	(____)	(____)

QUADS (FOUR IN EACH ROOM)

	AGE	P/A/F	ARRIVAL DATE	DEPART DATE	UPGRADE TO 5 DAY HOPPER
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 LLC at 800-969-8295.

2017 THANKSGIVING TOUR

AT THE  Resort

RULES OF CONDUCT AND BEHAVIOR

There will be many girls, boys, parents, and Varsity Spirit LLC staff traveling to Orlando as part of this event. We are looking forward to a great Thanksgiving tour, 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 LLC, 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 LLC 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 Orlando.
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. 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.
6. 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 Thanksgiving Tour
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 ORLANDO.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 2017 camp at: _____ Regular Camp Home Camp
Name of University/School/Home Camp and City/State Date Attended

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

GIRLS *Fill in blanks:*

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

Top: Your Bust Measurement in Inches

(With Recommended size)

- | | |
|--|--|
| <input type="checkbox"/> 25"-26" (Size 26) | <input type="checkbox"/> 39"-40" (Size 40) |
| <input type="checkbox"/> 27"-28" (Size 28) | <input type="checkbox"/> 41"-42" (Size 42) |
| <input type="checkbox"/> 29"-30" (Size 30) | <input type="checkbox"/> 43"-44" (Size 44) |
| <input type="checkbox"/> 31"-32" (Size 32) | <input type="checkbox"/> 45"-46" (Size 46) |
| <input type="checkbox"/> 33"-34" (Size 34) | <input type="checkbox"/> 47"-48" (Size 48) |
| <input type="checkbox"/> 35"-36" (Size 36) | <input type="checkbox"/> 49"-50" (Size 50) |
| <input type="checkbox"/> 37"-38" (Size 38) | <input type="checkbox"/> 51"-52" (Size 52) |

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"

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

Check one:

Brief Size:

- Small
 Medium
 Large
 X-Large
 XX-Large

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"/> 29"-30" (Size 34) | <input type="checkbox"/> 41"-42" (Size 46) |
| <input type="checkbox"/> 31"-32" (Size 36) | <input type="checkbox"/> 43"-44" (Size 48) |
| <input type="checkbox"/> 33"-34" (Size 38) | <input type="checkbox"/> 45"-46" (Size 50) |
| <input type="checkbox"/> 35"-36" (Size 40) | <input type="checkbox"/> 47"-48" (Size 52) |
| <input type="checkbox"/> 37"-38" (Size 42) | <input type="checkbox"/> 49"-50" (Size 54) |
| <input type="checkbox"/> 39"-40" (Size 44) | <input type="checkbox"/> 51"-52" (Size 56) |

Your Waist Measurement in Inches

(With Recommended size)

- (Size 28"-30") S
 (Size 31"-33") M
 (Size 34"-36") L
 (Size 37"-39") XL
 (Size 40"-42") 2XL
 (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 (Souvenir T-shirt) *(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 Thanksgiving Tour • P.O. Box 752790 • Memphis, TN 38175-2790

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

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

2017 Orlando Thanksgiving Tour MINOR Release and Waiver Form

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

As used below, "Varsity" shall mean Varsity Spirit LLC, doing business as Universal Cheerleaders Association, National Dance Association, National Cheerleaders Association, National Dance Alliance, and their subsidiary and other affiliated companies, and the officers, directors, employees, agents, successors and assigns of each of the foregoing; and "Disney" shall mean Walt Disney Parks and Resorts, LLC, Walt Disney World Co., and their respective parent, subsidiary and other affiliated or related companies, and the officers, directors, employees, agents, successors and assigns of each of the foregoing.

RESPONSIBILITY FOR DEBTS/DAMAGES: I/we, _____, parent(s)/legal guardian(s) of _____ (my/our "child"), hereby agree to assume full responsibility for the payment of all debts incurred by my/our child during his/her visit to the Walt Disney World® Resort and to reimburse Disney for any damages suffered by Disney due to acts of my/our child during that visit.

LIABILITY RELEASE: In consideration of my/our child's participation in the cheerleading, dance or other activities conducted by Varsity at the Walt Disney World® Resort on or about November 19 through November 25, 2017 pursuant to the 2017 Orlando Thanksgiving Tour (the "Event"), I/we agree to assume all of the risks inherent in any such activities (which risks may include, among other things, muscle injuries, broken bones and other risks from falls), and, on my/our and my/our child's behalf, and behalf of my/our and my/our child's heirs, executors and administrators, I/we release and forever discharge each of Disney, Varsity, and the Event officials, sponsors and production staff of and from all claims, judgments, losses, liabilities, damages, costs and expenses of any nature ("Claims") arising out of or in any way connected with my/our child's participation in the Event and/or any activities conducted at the Event and/or otherwise occurring on the Walt Disney World® Resort premises during my/our child's visit to the Walt Disney World® Resort for the Event, and/or otherwise occurring during the course of my/our child's travel to or from the Walt Disney World® Resort for the Event; and I/we further agree to defend, indemnify and hold harmless Disney, Varsity, and the Event officials, corporate sponsors and production staff from and against any and all such Claims, including, without limitation, attorneys' and other professionals' fees and costs. I/we understand that this release and indemnity agreement includes, without limitation, any Claims based on the negligence, action or inaction of Disney, Varsity or any Event officials, corporate sponsors or production staff, except for gross negligence, and covers personal and bodily injury (including death), and property damage, whether suffered by my/our child before, during or after my/our child's participation in the Event, and covers any claim from the lawful publication or any other lawful use of any photograph, videotape or narrative in any media. I/we acknowledge that Disney makes no representations or warranties, either express or implied, regarding the condition or suitability of the venue for the Event. This release and indemnity shall be governed by the laws of the State of Florida.

X _____
Signature of Parent(s) or Legal Guardian(s) Date Witness Date

SUPERVISION: A chaperone/adult (age 21 or over) is required to attend with participants. This chaperone will be responsible for the participants at all times. I/we acknowledge that Disney and Varsity are not responsible for supervising my/our child.

APPEARANCE AGREEMENT: I/we understand Varsity will arrange for photography during the Event which may include my/our child and that Varsity will arrange the proposed videotapes, DVD's, podcasts and videocasts that may feature the Event (the "Programs"). I/we hereby grant Disney, Varsity, their successors, assignees, licensees, sponsors, and all other commercial exhibitors the exclusive right to photograph and/or video tape my/our child and further utilize my/our child'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 or the Walt Disney World® Resort without reservation or limitation. In granting this license, I/we understand that neither Varsity nor Disney is under any 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 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. Varsity shall NOT bear any liability to the passenger or any person claiming by or through the passenger 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. Varsity 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 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. Nothing in this paragraph is intended to or shall affect in any way the respective rights or relationship between Varsity and any person other than the passenger and any person claiming by or through the passenger.

MEDICAL RELEASE: I/we authorize Disney and/or Varsity to procure at my/our expense, any medical care reasonably required by my/our child during his/her visit at hospitals or facilities chosen by Disney and/or Varsity. I/we have listed below any medication that my/our child is currently taking. I/we will ensure that my/our child brings the medication with him/her to the Walt Disney World® Resort and that my/our child is responsible for taking the medication. I/we have also listed below any medications my/our child is allergic to.

Medications my/our child is taking (if any): _____
Medications my/our child is allergic to (if any): _____
School Name (of participant) _____

X _____
Signature of Parent(s) or Legal Guardian(s) Date Witness Date

EMERGENCY INFORMATION: (Not traveling with the minor)
Name: _____ Address: _____
Telephone: (_____) _____ (home) (_____) _____ (work)

Every minor participating in the event must complete this form and return to Varsity's office with the initial registration.

2017 Orlando Thanksgiving Tour ADULT Release and Waiver Form

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

As used below, "Varsity" shall mean Varsity Spirit LLC, doing business as Universal Cheerleaders Association, Universal Dance Association, National Cheerleaders Association, National Dance Alliance, and their subsidiary and other affiliated companies, and the officers, directors, employees, agents, successors and assigns of each of the foregoing; and "Disney" shall mean Walt Disney Parks and Resorts, LLC, Walt Disney World Co., and their respective parent, subsidiary and other affiliated or related companies, and the officers, directors, employees, agents, successors and assigns of each of the foregoing.

RESPONSIBILITY FOR DEBTS/DAMAGES: I hereby agree to assume full responsibility for the payment of all debts incurred by me during my visit to the *Walt Disney World*® Resort and to reimburse Disney for any damages suffered by Disney due to acts by me during that visit.

LIABILITY RELEASE: In consideration of my participation in the cheerleading, dance or other activities conducted by Varsity at the *Walt Disney World*® Resort on or about November 19 through November 25, 2017 pursuant to the 2017 Orlando Thanksgiving Tour (the "Event"), I agree to assume all of the risks inherent in any such activities (which risks may include, among other things, muscle injuries, broken bones and other risks from falls), and, on behalf of myself and my heirs, executors and administrators, I release and forever discharge Disney, Varsity, and the Event officials, sponsors and production staff of and from all claims, judgments, losses, liabilities, damages, costs and expenses of any nature ("**Claims**") arising out of or in any way connected with my participation in the Event and/or any activities conducted at the Event and/or otherwise occurring on the *Walt Disney World*® Resort premises during my visit to the *Walt Disney World*® Resort for the Event, and/or otherwise occurring during the course of my travel to or from the *Walt Disney World*® Resort for the Event; and I further agree to defend, indemnify and hold harmless Disney, Varsity, and the Event officials, corporate sponsors and production staff from and against any and all such Claims, including, without limitation, attorneys' and other professionals' fees and costs. I understand that this release and indemnity agreement includes, without limitation, any Claims based on the negligence, action or inaction of Disney, Varsity, or any Event officials, corporate sponsors or production staff, except for gross negligence, and covers personal and bodily injury (including death), and property damage, whether suffered by me before, during or after my participation in the Event, and covers any claim from the lawful publication or any other lawful use of any photograph, videotape or narrative in any media. I acknowledge that Disney makes no representations or warranties, either express or implied, regarding the condition or suitability of the venue for the Event. This release and indemnity shall be governed by the laws of the State of Florida.

X _____
Adult Signature Date Witness Date

SUPERVISION: I acknowledge that Disney and Varsity 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 Disney, 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 or the *Walt Disney World*® Resort without reservation or limitation. In granting this license, I understand that neither Varsity nor Disney 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 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. Varsity shall NOT bear any liability to the passenger or any person claiming by or through the passenger 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. Varsity 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 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. Nothing in this paragraph is intended to or shall affect in any way the respective rights or relationship between Varsity and any person other than the passenger and any person claiming by or through the passenger.

MEDICAL RELEASE: I authorize Disney and/or Varsity to procure at my expense any medical care reasonably required by me during my visit at hospitals or facilities chosen by Disney and/or Varsity. I have listed below any medication that I am currently taking. I will ensure that I bring the medication with me to the *Walt Disney World*® Resort and that I am responsible for taking the medication. I have also listed below any medications I am allergic to.

Medications I am taking (if any): _____

Medications I am allergic to (if any): _____

School Name (of participant): _____

This Release/Waiver shall be governed by the laws of the State of Florida.

X _____
Adult Signature Date Witness Date

EMERGENCY INFORMATION: (Not traveling with the adult)

Name: _____ Address: _____

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

Every adult participating in the event must complete this form and return to Varsity's office with the initial registration.