



Medical and Media Release Form

Event Location _____ Event Date _____

School/Team _____ Participant Name _____

Home Address _____ City/State/Zip _____

Home Telephone _____ Date of Birth _____

Emergency Contact _____ Phone _____

Health Insurance Co. _____ Policy # _____

Family Doctor _____ Dr.'s Phone _____

Do you have any medical problems or allergies that may interfere with this event? _____

If so, please describe problem(s) or limitation(s). _____

Do you have medication for this with you? If yes, please describe. _____

I fully understand and will instruct my daughter/son that there are risks and dangers associated with participation in cheerleading and dance (which include all aspects such as tumbling, stunting, jumping, leaping, turning etc.). These risks are not limited to bodily and may include injury, partial and/or total disability, paralysis and even death. I will not hold responsible the Event Producer, its affiliates, or its representatives including any owners, partners, directors, officers, employees, coaches, assistants, volunteers, staff, vendors, sponsors, or any persons associated with this event(s) as well as the venue/facility in which the event(s) is/are being held and/or conducted.

I authorize any representative of the event party to consent and authorize any medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel for my daughter/son, which may become necessary.

I understand I will be notified as soon as possible in the event of an emergency. My insurance company or I will assume all expenses of such treatment.

I agree to protect, defend, indemnify and hold harmless the Event Producer, its affiliates, or its representatives including any owners, partners, directors, officers, employees, coaches, assistants, volunteers, staff, vendors, sponsors, or any persons associated with this event as well as the venue/facility in which the event(s) is/are being held and/or conducted from and against any and all claims, demands, losses, suits, liabilities, costs, or other damages including court costs and attorneys fees, arising from any injury to, or death of daughter/son, the undersigned, or any other persons or damage to or destruction of property arising from or in connection with any damage to third parties occasioned by, incident to, arising out of, or in connection with my daughter's/son's participation.

I also understand that the Event Producer produces promotional material about their events. I understand that my daughter/son may be included in videotape or photography taken during this event. I hereby grant the Event Producer, its successors, assignees, licensees, vendors, sponsors, any television networks and all other commercial exhibitors the exclusive right to photograph and/or video tape my daughter/son and further to utilize my daughter's/son's name, face, likeness, voice and appearance as part of the event(s), and in advertising and promotion of the event(s), without reservation or limitation. In granting this license, I understand that the Event Producer is under no obligation to exercise any of its rights, licenses and privileges herein granted. I also understand that the Event Producer will promote in a tasteful manner.

The above named participant has my permission to attend/participate in the Event Producer's Cheer & Dance Competition(s). I warrant the above information is complete and correct. I have completely read and understand the above release information. I hereby authorize the event director or their agent to act in my behalf to provide emergency medical treatment. I further release the Event Producer of all liabilities associated with my daughter's/son's attendance at the competition(s).

Parent/Guardian Signature

Date