

## MEDICAL TREATMENT/LIABILITY RELEASE

**DO NOT MAIL THIS FORM!!! THIS IS TO BE TURNED IN AT THE EVENT AT REGISTRATION. NO PARTICIPANT IS ALLOWED TO PARTICIPATE WITHOUT THIS FORM AND NO REFUND WILL BE GIVEN. NO EXCEPTIONS.**

This form should be duplicated and completed for EACH PARTICIPANT, COACH AND CHAPERONE.

I, the undersigned parent or guardian, do hereby grant permission for my child, whose name is (**enter participants name here**) \_\_\_\_\_ and hereinafter should be referred to as "participant", to participate in the Cheer Elite Competition. I grant my permission for said participant to receive the necessary medical treatment in the event of injury or illness. I hereby hold Cheer Elite and its representatives (including directors, instructors, host, campuses and their personnel) and its subsidiaries now and future harmless in the exercise of this authority.

I further acknowledge, understand and agree that in taking part in this activity/competition, there is possibility and even inherent risks of physical injury or illness and that participant is assuming the risk of such illness or injury by participation.

I further agree to hold harmless Cheer Elite, including its directors, officers, campus and campus officials and staff as well as its subsidiaries from any and all liability for any claim whatsoever, including any claim arising out of any injury or illness incurred by the participation during the course of the athletic activity including, but not limited to, rehearsals, social activities, practices, competitions, and/or other activity associated with the course of the activity, including travel to and from such activity.

### WAIVER OF LIABILITY

I hereby waive and absolve Cheer Elite and all divisions, personnel and subsidiaries, thereof any liability and responsibility of injuries, sickness, accidents, and/or acts of God incurred during participation in competitions and/or any other related activity by my child(**enter participants name**) \_\_\_\_\_. In consideration of my signed release allowing my child to participate in the Cheer Elite competition, I, intending to be legally bound, do hereby, my heirs, executor and administration, waive, release and forever discharge any and all rights and claims for damage which my child (previously named) known as participant or I may have or which may hereafter occur to me or my participant child against Cheer Elite, the directors, instructors, and other personnel, host, campuses, and their personnel or their respective employees, offices, agents, representatives, successors, and/or assignees, for any participation in/or rising out of travel and and/or return from the respective Cheer Elite competition site. In the event of injury/accident/sickness Cheer Elite and/or instructors are to contact the designated adult listed below as soon as possible to the best of their ability.

Signature of child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Signature of Parent/Legal Guardian \_\_\_\_\_

Mailing Address of Participant including City, State and Zip \_\_\_\_\_

School/Gym participant is representing \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_ Date signed \_\_\_\_\_

### **THIS FORM MUST BE IN THE PRESENCE OF THE CHEER ELITE COMPETITION AUTHORITY AT ALL TIMES**

**DURING THE EVENT.** If this form is given to the participant or chaperone/coach of participant for use in obtaining medical treatment, it must be returned after use to the proper respective CHEER ELITE authority in charge.

### **I HEREBY GRANT PERMISSION FOR THE ABOVE NAMED PARTICIPANT, MY CHILD, TO BE TREATED IN CASE OF EMERGENCY, ACCIDENT OR ILLNESS.**

Name of Participant \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_ -Relationship \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Evening \_\_\_\_\_

### **THIS FORM DOES NOT CONSTITUTE ANY PAYMENT OBLIGATION ON THE PART OF CHEER ELITE.**

THE FOLLOWING IS THE PARTICIPANT'S INSURANCE/MEDICAL INFORMATION.

Name of Company \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Allergies \_\_\_\_\_