



MEDICAL RELEASE

Turn in forms on the day of your event.

EVENT LIABILITY WAIVER & MEDICAL RELEASE

In consideration of my decision to participate in this event, I acknowledge that there is an element of danger and risk of personal injury in instruction, practice and competing in the sport of cheerleading. I hereby and in the event participant is a minor: the undersigned agrees for myself and my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against Humboldt Cheer Company, Humboldt All-Stars, it's owners, instructors, participating students, building owners, employees, promoters, operators, representatives, successors, and/or assignee sponsors individually of otherwise for any and all damages that which may be sustained or suffered by me in connection with my association of with my entry and participation in this event.

In the event of an emergency occurring while my child is at this event, I grant my permission to Humboldt Cheer Company, it's employees, or hosting event staff to take whatever action is necessary. In the event I cannot be reached, I hereby authorize Humboldt Cheer Company and/or it's employees to give consent for my child: _____, to receive medical treatment.

APPEARANCE CLAUSE

I understand that from time to time Humboldt Cheer Company produces promotional material about their programs. I understand that as a participant I may be included in videotape or photographs taken during clinics, events, and competitions. I hereby grant Humboldt Cheer Company, it's successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors, the exclusive right to photograph and/or videotape participant and further utilize participants face, likeness, voice and appearance as part of the program and in advertising and promoting the program without reserve or limitation. In granting this license, I undersign that Humboldt Cheer Company is under no obligation to exercise any of its rights, licenses and privileges herein granted by participant.

Parent or guardian name _____ Phone _____

Parent or guardian signature _____ Date _____

Emergency contact _____ Phone _____

List Medications (if any) _____

List allergies (if any) _____

If you do not grant permission for consent to medical treatment, what procedure should be taken?