

2010-2011 CHEERNATION
Medical Release & Appearance Form
(Please make copies for each member of your squad/team)

Competition: _____ **City:** _____ **State:** _____

Participant Name: _____

Participant's Birthdate: _____ (month) _____ (day) _____ (year)

Participant's Email: _____

School/Organization Name: _____

Parent or Legal Guardian: _____

I, the undersigned parent or legal guardian, do hereby grant permission for my son/daughter to participate with CHEERNATION.

I further acknowledge and understand and agree that by participating with CHEERNATION there is a possibility of physical illness or injury (minimal, serious, and catastrophic) and that my son/daughter is assuming the risk of such injury by participating.

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

I understand I will be notified as soon as possible in the event of an emergency. All expenses of such treatment will be assumed by me or my insurance company.

I agree to protect, defend, indemnify and hold harmless CHEERNATION, including its owners, directors, officers, employees and sponsors from and against any and all claims, demand, losses, suits, liabilities, costs, or other damages including court costs and attorneys fees, arising from any injury to, or death of son/daughter, the undersigned, or any other persons or damage to or destruction of property arising out of or in connection with any damage to third parties occasioned by, incident to, arising out of, or in connection with my son/daughter's participation.

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

Rules/Regulations

- No smoking, consumption of alcoholic beverages or use of illegal drugs allowed.
- CHEERNATION reserves the right to disqualify/eject any participant for unruly behavior or for conduct unbecoming to the event.
- Participants must respect all venue rules and regulations.
- Participants must obey all curfews and time allotments established by the CHEERNATION staff.
- Participants must obey all rules and regulations set forth by the event.

I have completely read and understand the above release and rules/regulations.

Signature of Participant: _____

Signature of Parent or Guardian: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone #: _____ **Business Phone #:** _____

E-mail Address: _____

Medical Insurance Company/Policy #: _____

Emergency Contact: _____ **Phone Number:** _____