

Blowout by the Beach™
Cheer and Dance Competition
Wall High School

Medical Consent/Release and Waiver

All participants must complete and return this form in order to participate.

Participant's Name: _____ Squad: _____

Home Address: _____

City: _____ State: _____ Zip: _____

In Case of Emergency, Notify: _____ Phone: _____

Health Insurance Carrier: _____ Policy #: _____

Statement of Release

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, _____, to participate in the activity of cheerleading at the [Wall High School] Blowout by the Beach™ Cheer and Dance Competition. In order that my son/daughter may receive the necessary medical treatment in the event he/she may sustain injury or illness during participation in this activity, I hereby authorize the cheerleading coach or other supervising adult to obtain medical treatment for my son/daughter for such injury or illness during the activity, and I hereby hold Wall High School and its representatives harmless in the exercise of authority.

I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity, which involves inversion and rotation of the body, there is a possibility that my son/daughter may sustain physical illness or injury (minimal, serious or catastrophic), in connection with his/her participation. I further acknowledge and understand that my son/daughter is assuming risk of such illness or injury by his/her participation and I further release Wall High School and its representatives from any claims for personal illness or injury that my son/daughter may sustain during participation in this activity.

I further understand that Wall High School has established rules and regulations pertaining to conduct, behavior and activities of all cheerleading participants, by which my son/daughter must abide during participation in this activity and that my son/daughter and I will be responsible for his/her failure to abide by those rules and regulations.

My son/daughter and I have read and understood the Medical Consent/Release and Waiver agreement.

Participant's Name (Please Print) Signature of Participant Date

Parent/Guardian's Name (Please Print) Signature of Parent/Guardian Date