

THIS FORM SHOULD BE DUPLICATED AND COMPLETED FOR EACH PARTICIPANT, COACH and CHAPERONE ATTENDING CAMP. DO NOT MAIL THIS FORM. BRING IT WITH YOU TO TURN IN AT EVENT REGISTRATION. NO PARTICIPATION IS ALLOWED WITHOUT THIS FORM & NO REFUND GIVEN! NO EXCEPTIONS.



2011 Cheerleading Camp MEDICAL TREATMENT/LIABILITY RELEASE

I, the undersigned parent or guardian, do hereby grant permission for my child, whose name is: _____
And hereinafter shall be referred to as "participant", to participate in the 2011 CHEERLEADING CAMP conducted by Sara Steil and members of her staff. I grant my permission for said participant to receive the necessary medical treatment in the event of an injury or illness. I hereby hold Sara Steil's 2011 Cheerleading Camp and its representatives (including directors, instructors, medical staff, 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 camp/athletic activity/competition, there is possibility and even inherent risk 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 all members of "2011 Cheerleading Camp", 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 participation during the course of the camp/athletic activity including, but not limited to, rehearsals, social activities, practices, competitions, and/or other activity associated with the course of the camp or activity, including travel to and from such activity.

WAIVER OF LIABILITY

I hereby waive and absolve Sara Steil as well as P.A.L. Cheerleading and all divisions, personnel and subsidiaries thereof of any liability and responsibility of injuries, sickness, accidents and/or acts of God incurred during participation in camps, clinics, private coaching, choreography, competitions and/or any other related activity by my child (**enter participant's name**) _____.

In consideration of my signed release allowing my child to participate in a 2011 CHEERLEADING CAMP activity, 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 accrue to me or my participant child against members of the camp the camp/clinic/competition, directors, instructors, 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 to and/or return from the respective 2011 Cheerleading Camp site. In the event of injury/accident/sickness, 2011 Cheerleading Camp Director's and/or instructors are to contact the designated adult listed below as soon as possible to the best of their ability.

Signature of **Child/Participant** _____

Date _____

Signature of **Parent/Guardian** _____

Date _____

Mailing Address of Participant including City, State, Zip

Team/Level Participant is representing _____

Location of 2011 Cheerleading Camp Activity _____

THIS FORM MUST BE IN THE PRESENCE OF THE 2011 CHEERLEADING CAMP AUTHORITY AT ALL TIMES DURING 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 2011 Cheerleading Camp authority in charge.

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

Name of Participant _____

Date of Birth _____

Name of Emergency Contact _____ Relationship _____

Daytime Phone # (_____) _____ - _____ Evening # (_____) _____ - _____

**THIS FORM DOES NOT CONSTITUTE ANY PAYMENT OBLIGATION ON THE PART OF 2011 Cheerleading Camp.
THE FOLLOWING IS THE PARTICIPANT'S INSURANCE/MEDICAL INFORMATION:**

Medical Insurance Company _____ Policy/Group # _____

Doctor's Name _____ Doctor's Phone (_____) _____ - _____

Allergies _____

Signature of Parent/Guardian Granting Permission _____

Date _____