

working together for a great cause



**National City**  
Now a part of PNC



## Medical Wavier

Please complete ONE FORM PER PARTICIPANT. Please complete all sections below. COACH, please bring this form to present at registration. This form must be signed by a parent or guardian before participating in the Children's Cheer Classic. You may not participate with out this form. Each person attending this event must complete this form.

Athlete's Name

AGE

Home Address

School or Organization's Name

City State Zip

Parent/Guardian Name

Athlete's Date of Birth

Parent/Guardian's home phone, cell phone

Emergency Contact

Emergency Contact Phone

### MEDICAL INSURANCE INFORMATION

Insurance Company

Medications you are currently taking

Address

City State Zip

Any allergies and Medical Conditions

Insurance Policy #

Family Physician

Family Physician Phone

### MEDICAL TREATMENT AUTHORIZATION AND LIABILITY RELEASE

I the undersigned parent or guardian does grant permission for the above named participant to attend the Children's Cheer Classic. I also authorize any necessary treatment by a qualified physician for my daughter/son \_\_\_\_\_, which they may sustain at the event. In case of emergency during the event, I would like them taken to a hospital for medical treatment, and hold Great Lakes Championship Co. and its representatives harmless in their execution of this authority.

I further release Great Lakes Championship Co. and its representatives from any claims for injury or illness that may be sustained as a result of their participation in the event. I acknowledge and understand that in participating in this event, there is a possibility they may sustain physical illness or injury in connection with his/her participation. I further understand, acknowledge, and assume the full risk of physical injury by my daughter/son's participation. I further release the event location, Great Lakes Championship Co., American Elite All-Stars Booster Club, as well as its representatives from any claims for personal injury or illness that may be sustained during this event.

I understand and will be responsible for any medical bills that may be incurred on behalf of my daughter/son for physical illness or injury they may sustain during the event. I also understand that my daughter or son must be covered under a health insurance policy while attending the Children's Cheer Classic. Children's Cheer Classic reserves the right to send any participant to a hospital for diagnosis and treatment: the parent assumes full responsibility. I have read the above statement and agree in full to it's content.

### APPEARANCE AGREEMENT

I understand that Children's Cheer Classic produces promotional material about their programs. I understand that as a participant, I or my daughter/son may be included in photographs and/or videotapes taken during the event. I hereby grant Children's Cheer Classic, it's successors, assignees, licensees, sponsors, television networks, and all other commercial exhibitors, the exclusive right to photograph and/or videotape and further utilize my or my daughter/son's name, likeness, voice, and appearance as part of this program, and in advertising and promoting the program, with out reservation or limitation. In granting this license, I understand that Children's Cheer Classic is under no obligation to exercise any of it's rights licenses and privileges granted in this agreement.

Parent/Guardian Signature

Date

Participants Signature (if over 18)

