

Spirit Club International, Inc.
2010 California Cheer and Dance State Championship Competition Medical Release

(One per participant – Must be filled out completely)

<hr/> Competitor's Name	/ /	<hr/> Birth Date	<hr/> School/Group
<hr/> Home Address			<hr/> City / State / Zip
<hr/> Home Telephone			<hr/> Parent Email
<hr/> Mother's Name			<hr/> Day Phone
<hr/> Father's Name			<hr/> Day Phone
<hr/> Emergency Name			<hr/> Phone
<hr/> Health Insurance Company			<hr/> Policy Number
<hr/> Family Doctor			<hr/> Doctor's Phone

Have you had any serious illness, surgery or injury? If yes, please describe and give date(s) _____

Do you have any medical problems or allergies that may interfere with this Spirit Club Event? _____

Describe the problem or limitations _____

Do you have medication for this problem with you? If yes, please describe and give date(s): _____

MEDICAL TREATMENT AND RELEASE OF LIABILITY

Undersigned parent or legal guardian, I grant permission for my daughter/son _____ hereinafter referred to as participant", to participate in The California Cheer and Dance STATE Championship Cheerleading Competition. In order that participants may receive the necessary medical treatment in the event of an injury or illness, I hereby agree to any such medical treatment and hold Spirit Club International Inc, Gibson Amphitheatre and its representatives harmless in the exercise of this authority. I acknowledge and understand that participant may sustain serious, catastrophic physical injury, illness and/or death by participating in The California Cheer and Dance STATE Championship Cheerleading Competition. I further assume the risk of such injury, illness and/or death and agree to participation.

I agree to indemnify and hold harmless Spirit Club International Inc, and Gibson Amphitheatre. Including but not limited to all representatives, all staff personnel, and all administrators, for any injury, illness, and/or death sustained by participation during the course of the competition. I further release Spirit Club International Inc, and Gibson Amphitheatre from any medical and legal costs which may arise due to any injury, illness and/or death sustained by participant.

I understand that Spirit Club International, Inc. produces promotional material about their program. I understand that my son/daughter may be included in videotape or photography taken during this event. I hereby grant Spirit Club International, Inc., its successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors the exclusive right to photograph 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 Spirit Club International, Inc., is under no obligation to exercise any of its rights, licenses and privileges herein granted.

The above named student has my permission to attend/participate in the Spirit Club International, Inc. event. I warrant the above information is complete and correct. I have completely read and understand the above release information. I hereby authorize the event director or their agent to act in my behalf to provide emergency medical treatment. I further release Spirit Club International, Inc. of all liabilities associated with my child's attendance at the competition.

<hr/> Parent/Guardian Name	<hr/> Parent/Guardian Signature	<hr/> Date
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