



Medical Treatment Authorization and Liability Release

I, the undersigned parent or guardian, do hereby grant permission for my daughter _____, to participate in the activity of cheerleading at CheerMania All-Stars. In order that my daughter may received the necessary medical treatment in the event 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 daughter for such injury or illness during the activity, and I hereby hold CheerMania All-Stars 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 daughter may sustain physical illness or injury (minimal, serious or catastrophic), in connection with her participation. I further acknowledge and understand that my daughter is assuming the risk of such physical illness or injury by her participation, and I further release Cheermania All-Stars and its representatives from any claims for personal illness or injury that my daughter may sustain during participation in this activity.

I further understand that CheerMania All-Stars has established rules and regulation pertaining to conduct, behavior and activities of all students and cheerleading participants, by which my daughter must abide during participation in this activity, and that my daughter and I will be responsible for her failure to abide by those rules and regulation.

My daughter and I have read and understood the above Medical Treatment Authorization and Liability release.

Signature of Parent or Guardian if Participant is Under 18

Date

Participant's Signature

Date