

Mac's Allstar Cheer Medical Release Form

Revised 3/18/2020

Participants Name: _____

Date of Birth: _____

Home Address: _____

City/State/Zip: _____

Cell Phone: _____

Email Address: _____

Mother's Name: _____

Mother's Phone: _____

Father's Name: _____

Father's Phone: _____

In Case of Emergency, please contact: _____ Phone: _____

Health Insurance Carrier: _____ Policy Number: _____

Family Doctor: _____ 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 problem or allergies that may interfere with physical classes? _____

If so, describe problem and limitations: _____

Medical Treatment Authorization and Liability Release

I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of cheerleading, tumbling, stunting and dance. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all rights and/or causes of action of any kind, including any and all claims of negligence, arising as a result of such activity from with liability could accrue to Mac's Allstar Cheer, its officers, agents, employees, instructors, owners and all affiliated entities (hereinafter collectively referred to as Mac's Allstar Cheer).

I hereby agree to release Mac's Allstar Cheer and hold Mac's Allstar Cheer harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in cheerleading, tumbling, stunting and dance on behalf of the participant.

I am aware that this is a release of liability and acknowledgement of my voluntary and knowing assumption of risk of injury. I have signed this document voluntarily and my own free will in exchange for the privilege of participation.

If I am a minor, my parent and/or legal guardian has signed this document releasing Mac's Allstar Cheer from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risk of injury inherent to this activity.

Furthermore, I acknowledge that cheer is a social sport and with that comes social contact. I acknowledge that this social contact comes with risk for infections, sickness or disease. I will do my part to limit these risks to get immunized when possible, and practice sanitary routine outside and inside of cheer. Mac's Cheer will do their best to clean and sanitize against illness and disease. I acknowledge that Mac's Cheer is not for any possible illness I could contract throughout this sport.

I also understand that all monies paid for classes, competition fees, uniforms, practice attire, choreography, gym fee and travel will not be refunded once paid to Mac's Allstar Cheer. All payments are Non- Refundable.

The above name student has my permission to attend Mac's Allstar Cheer Classes. I warrant the above information is complete and correct. I hereby authorize the Mac's Allstar Cheer owners to act in my behalf to provide emergency medical treatment. I further release Mac's Allstar Cheer of all liabilities associated with my child's attendance at Mac's Allstar Cheer Gym

Parent/Guardian Signature

Date

