C.H.S. Cheerleader/Yell Leader Participant Medical Release Waiver 2011-2012

Participant's Name _____ Birth Date _____ Cheer Group _____

Home Address _____ City / State / Zip _____

Home Telephone _____ E-mail _____

Mother's Name _____ Day Phone _____

Father's Name _____ Day Phone _____

If parent cannot be reached, please contact _____ Phone _____

Health Insurance Company _____ 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 problems or allergies that may interfere with the CHS Cheer Organization?: _____

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" in the Cathedral High School Cheer Organization. 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 CHS Cheer Organization and it's 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 Cathedral High School Cheer Organization. I further assume the risk of such injury, illness and/or death and agree to participation.

I agree to indemnify and hold harmless Cathedral High School Cheer and its representatives. Including but not limited to all representatives, all staff personnel, all administrators, and responsible party of practice locations, for any injury, illness, and/or death sustained by participation during the course of the Cheer Season (4/01/11 – 3/31/12). I further release Cathedral High School Cheer and its representatives from any medical and legal costs which may arise due to any injury, illness and/or death sustained by participant.

I understand that Cathedral High School Cheer, produces promotional material about their program. I understand that my son/daughter may be included in videotape or photography taken during this Cheer Season (4/01/11 – 3/31/12).I hereby grant Cathedral High School Cheer, it's 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 Cheer Season and in advertising and promotion of the event/season, without reservation or limitation. In granting this license, I understand that Cathedral High School Cheer 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 Cheer Season for Cathedral High School Cheer. I warrant the above information is complete and correct. I have completely read and understand the above release information. I hereby authorize the CHS representatives to act in my behalf to provide emergency medical treatment. I further release Cathedral High School Cheer of all liabilities associated with my child's participation in the Cathedral High School Cheer Organization.

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____