

Xtreme Cheer & Dance Challenge
Cheer Individuals & Teams – February 23, 2019
Dance Individuals & Teams – February 24, 2019
Medical and Liability Release Form

Participants Name _____ Date of Birth _____
School/Gym Name _____ Coach's Name _____
Parent/Guardian Name _____ Phone _____
Address _____ City _____ State _____
Emergency Contact and Phone _____
Insurance Company _____ Policy Number _____
Family Physician _____ Phone _____

Medical History	Circle One	
Heart condition/disease	Yes	No
Diabetes	Yes	No
Epilepsy/convulsive disorder	Yes	No
Contact lenses	Yes	No
Asthma	Yes	No
Allergies	Yes	No

State Allergies _____
Additional medical information and current medications _____

I certify that _____ is physically capable and able to fulfill requirements necessary to participate in the Xtreme Corn Palace Cheerleading Challenge. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my son/daughter in the event of illness during participation when either parent/guardian cannot be reached. I also understand that I am responsible for payment of medical expenses should an injury occur. Xtreme Cheerleading, LLC is committed to providing a safe environment in which to participate. However, as with all athletic activity, the possibility of injury exists. Injuries that may occur include, but are not limited to, the following: blisters, muscle and ligament strains, joint and muscle soreness, abrasions, contusions, stress fractures, broken bones, spinal cord injuries involving paralysis, and even death. I acknowledge and understand the risks involved in this event and grant permission for my child to participate. I further agree to hold harmless Xtreme Cheerleading, LLC and its affiliates the competition facilities, and all associated staff for any injury sustained as a result of my son's/daughter's participation in this event.
I have read the above warning and thoroughly appreciate/understand the assumptions of risks inherent in the cheer/dance participation.

STUDENT SIGNATURE _____ DATE _____
PARENT/GUARDIAN SIGNATURE _____ DATE _____