

XTREME CHEER MEDICAL FORM

NAME: _____ DOB: _____ AGE: _____

PARENT / GUARDIAN: _____

HOME PHONE: _____ WORK PHONE: _____

ADDRESS: _____

EMAIL: _____

EMERGENCY CONTACT (NOT PARENT): _____

PHYSICIAN: _____ PHONE: _____

Please check any of the following that apply:

HEARING DISORDER

TEETH RETAINER

HEART CONDITION

ASTHMA

LEARNING DISORDER

CONTACTS / GLASSES

DIABETES

PRESCRIPTIONS or MEDICATIONS: _____

PLEASE READ CAREFULLY:

Waiver, Defense, Indemnity and Hold Harmless Agreement, and Release of Liability:

In consideration for the privilege of participating as a student at XTREME CHEER, I hereby agree that:

1. I permit my child or ward to enroll and participate as a student at XTREME CHEER. I understand that there are inherent risks involved in participating in cheerleading activities that involve motion, rotation, height and inversion, including the risk of serious physical injury or death to my child and I fully assume all risks associated with cheerleading activities, even if due to the NEGLIGENCE of XTREME CHEER and its affiliates, officers, directors, agents, servants and/or employees.

2. I do hereby waive, release, absolve, indemnify, and agree to hold harmless XTREME CHEER, its affiliates, officers, directors, agents, servants and/or employees from any and all claims, suits, or demands arising out of any injury to my child including claims of NEGLIGENCE on the part of XTREME CHEER and its affiliates, officers, directors, agents, servants and/or employees.

3. I have read this Waiver, Defense, Indemnity and Hold Harmless Agreement, and Release of Liability and fully understand its terms. I further understand that by signing this agreement that I am giving up substantial legal rights for myself and my child. I have not been induced to sign this agreement by any promise or representation and I sign it voluntarily and of my own free will.

Participant Signature

Date

Parent/Guardian Signature

Date