

MEDICAL AUTHORITY STATEMENT

I, the undersigned parent/guardian, do hereby grant permission for my daughter/son/ward to attend the cheerleading events sponsored by and conducted by _____ . In order for my daughter/son/ward to receive the necessary medical treatment in the event of an injury or illness, I hereby authorize _____ to obtain medical treatment for my daughter/son/ward for such injury or illness during any event, and I hold _____ OR _____ harmless in their exercise of the authority.

I further acknowledge, understand and agree that in participating in these events there is a possibility of physical injury or illness and that my daughter/son/ward is assuming the risk of such injury or illness by her/his participation.

DATE _____ PARENT/LEGAL GUARDIAN _____

WAIVER & RELEASE FORM

I, the undersigned parent/guardian, do hereby give permission for my daughter/son/ward to attend and to participate in the cheerleading tryouts sponsored by _____ . I hereby acknowledge that by attending and participating in the cheerleading tryouts that there is a possibility of physical illness or injury to my daughter/son/ward and I do hereby for myself and all others who might have similar claim waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against _____ OR _____, for any and all damages which my daughter/son/ward may sustain or suffer while attending and participating at Tryouts .

DATE _____ PARENT/LEGAL GUARDIAN _____

If you are under the age of 18 years old, you must have this signed by a parent or legal guardian. No one can be admitted to Tryouts held by the _____ unless this form has been properly filled out and signed by a parent or legal guardian.

