

Medical Release & Appearance Form

(Please print and make copies for your team. Bring to registration table at event.)



Name of Cheerleader or dancer: _____ Team name _____

Address, City, State, Zip _____

Birth date: _____ (month) _____ (day) _____ (year) Age as of Aug 31st _____ Grade _____

SR teams age as of May 31st _____ (this yr USASF is using May 31, 2009)

Phone : _____ cell phone _____

Parent or Legal Guardian: _____

Medical Insurance Company/Policy # _____

Emergency Contact: _____ Phone Number: _____

I, the undersigned parent or legal guardian, do hereby grant permission for my son/daughter to participate with KC Christmas Celebration hosted by AACS cheer.

I further acknowledge and understand and agree that by participating with the KC Christmas Celebration, there is a possibility of physical illness or injury (minimal, serious, and catastrophic) and that my son/daughter is assuming the risk of such injury by participating,

I authorize any representative of KC Christmas Celebration or the event party to consent and authorize any medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel for my son/daughter which may become necessary.

I understand I will be notified as soon as possible in the event of an emergency. All expenses of such treatment will be assumed by me or my insurance company,

I agree to protect, defend, indemnify and hold harmless the KC Christmas Celebration and or AACS cheer and facility in which the event is being held, including its owners, directors, officers, employees and sponsors from and against any and all claims, demand, losses, suits, liabilities, costs, or other damages including court costs and attorneys fees, arising from any injury to, or death of son/daughter, the undersigned, or any other persons or damage to or destruction of property arising out of or in connection with any damage to third parties occasioned by, incident to, arising out of, or in connection with my son/daughter's participation.

I understand that KC Christmas Celebration & AACS Cheer produces promotional material about their program. I understand that my son/ daughter may be included in video tape or photography taken during this event. I hereby grant KC Christmas Celebration and or AACS Cheer, its 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 event, and in advertising and promotion of the event, without reservation or limitation. In granting this license, I understand that KC Christmas Celebration and or AACS Cheer is under no obligation to exercise any of its rights, licenses and privileges herein granted.

Rules/Regulations

- No smoking, consumption of alcoholic beverages or use of illegal drugs allowed,
- KC Christmas Celebration and or AACS Cheer reserves the right to discipline any participant for unruly behavior or for conduct unbecoming to the event.
- Participants must respect and obey all rules and regulations of this event.
- Participants must obey all time allotments in practice room established by the event staff.

I have completely read and understand the above release and rules I regulations.

Signature of Participant:

Signature of Parent or Guardian
