



## MEDICAL / LIABILITY RELEASE FORM

Cheerleader's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age (as of 5/31/2006): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to be notified other than parent in an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any health problems, allergies, or medications daughter/son is currently taking that we should be aware of?

As used below, "AACS" shall mean All American Cheer & Stunt, LLC; its officers; directors; employees; instructors; agents; licenses; sponsors; owners and lessors of premises used to conduct such activities; successors and assigns of each of the foregoing.

**Liability Release.** I hereby grant the permission necessary to allow my daughter/son to participate in cheerleading activities to be conducted by AACS. I further agree to release and to hold harmless AACS from any and all liability whether caused by the negligence of AACS or otherwise for any claim, judgment, loss, liability, cost and expense arising out of or connected with such cheerleading activities. I further agree to indemnify and hold harmless AACS against loss from any further claims, demands, losses or damages on account of injury (including death) and damage and/or loss to property, caused or alleged to be caused in whole or in part by the negligence of AACS or otherwise.

**Medical Release.** I, in my own behalf and on behalf of my daughter/son, understand that my daughter's/son's participation in cheerleading activities involves potential risk of illness or injury (minimal, serious, permanent disability and/or death). In the event of such illness or injury, I authorize AACS to obtain necessary emergency or medical treatment of my daughter/son and hereby release and hold harmless AACS in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of my daughter/son for any illness or injury that she/he may sustain during cheerleading activities.

**Appearance Release.** I understand that AACS from time to time produces promotional material relating to its programs. I understand that my daughter/son participating in such programs may be included in videos or photographs taken throughout the year. I hereby grant AACS the exclusive right to photograph and/or videotape my daughter/son and further utilize my daughter/son's name, face, likeness, voice and appearance as part of the program, or in any other media, in advertising and promoting the programs and/or AACS without reservation or limitation. In granting this license, I understand that neither AACS nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges herein granted. Furthermore, I waive any right to approve the program, promotion or copy.

**I, the parent/guardian, have completely read, fully understand, and voluntarily accept and agree to all of the items, terms, and conditions listed on this page.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**It is your responsibility to inform AACS of any changes in the above information throughout the year.**