



All Day Cheerleading, Inc.

Medical Release Form-Camp

Participant's Name:	School or Team Name:
Participant's Address:	
Parent or Guardians Address if different from participant:	
Name of Parent or Guardian:	
Parent/Guardian Home Phone Number:	Cell Phone:
Emergency Contact and Phone #:	
Medical Insurance Company:	
Policy Number:	
List any medication to which participants are allergic, any previous medical conditions which could impair his/her performance, and any medication currently being taken.	
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I, the undersigned parent or guardian, do hereby grant permission for my daughter/son, whose name is _____, hereinafter shall be referred to as "participant" to participate in the cheerleading camp. In order that the participant may receive the necessary medical treatment in the event of an injury or illness, I hereby hold the camp, director, and its representatives harmless in the exercise of authority.

I further acknowledge and understand and agree that in taking part in this camp there is a possibility of physical illness or injury (minimal, serious, or catastrophic) and that participant is assuming the risk of such risk by participating.

I further agree to hold harmless All Day Cheerleading, Inc. including its stockholders, owners, directors, officers, camp officials, and staff, the administrators of the camp, and the facility in which this event is being conducted for any injury or illness incurred by participants prior to, during the course of the camp and after.

Appearance clause:

Permission is granted to use my daughter's/son's picture or image in future advertisement and literature for All Day Cheerleading, Inc. and events conducted by them.

I have read and agree to the above release and appearance clause.

<hr style="border: none; border-top: 1px solid black;"/> <p>Participants Signature</p>	<hr style="border: none; border-top: 1px solid black;"/> <p>Signature of parent or guardian if Participant is under 18 years of age</p>
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