

**ADRENALINE ATHLETIC'S CHEER LIABILITY AND MEDICAL FORM**

I (Insert name of parent to guardian if under 18yrs)

\_\_\_\_\_ Hereby release and absolve Adrenaline Athletics, its subsidiaries, staff, employees, directors and presidents, from all liability and responsibility for injuries, sickness, accidents, loss of money and property that may be sustained whilst participating at an Adrenaline Athletics training session, event, workshop, camp, and/or competition.

I also hereby acknowledge the risks involved when participating in cheerleading.

If completing this form for a person under the age of 18, please confirm *their* full name here \_\_\_\_\_

In consideration of me signing this release form, I am allowing myself/my child to participate in a Adrenaline Athletics event as above and intent to be legally bound and agree to waive and release all rights to claim for damages which I or my child may sustain whilst participating at the event, including travelling to and from the event.

I also confirm that I/ my child, have not been advised by a medical professional to avoid physical exercise and do not know of any problems that may adversely affect my/their health when taking part. Should Adrenaline Athletics staff feel in their professional opinion that I am not physically fit to participate, I/my child will cease participation and sit out until advised I/my athlete may continue.

I also give permission for myself/ my child to be photographed, video or audio taped during any of the Adrenaline Athletics events and give permission for such photographs, video and audio tapes to be used in print or broadcast through any media which is deemed appropriate for the promotion of Adrenaline Athletics activities, promotions and publicity.

**Participants details (PLEASE PRINT)**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Postal code \_\_\_\_\_

Primary phone# \_\_\_\_\_ **Responsible party for athlete** \_\_\_\_\_

**Medical details**

Any health issues (food allergies, diabetes, asthma, joint problems?) \_\_\_\_\_

How should we help you with this issue \_\_\_\_\_

**Consent**

I hereby agree with the above, and have read and fully understand these conditions and by signing, agree to accept them.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print** \_\_\_\_\_ **Date received and checked** \_\_\_\_\_

