

Medical Treatment and Liability Form

EACH PARTICIPANT MUST HAVE A COMPLETED RELEASE FORM ON FILE BEFORE THE CLINIC BEGINS! PARTICIPANTS WITHOUT A MEDICAL FORM WILL NOT BE ALLOWED TO PARTICIPATE IN THE EVENT.

I _____, the undersigned parent or guardian, do hereby grant permission for daughter/son, _____, and hereafter shall be referred to as "participant", to partake in the event(s) sponsored by WOOD CHEERLEADING ON **June 5th, 2016**

In order that participant may receive the necessary medical treatment in the event of an injury or illness, I hereby release Archbishop Wood and all representatives from any liability associated with the exercise of this authority. I further acknowledge and agree that in taking part in the above named event, there is a possibility of physical illness or injury by participating. I authorize Wood Cheerleading Event Staff to obtain necessary medical treatment for the Minor and hereby, in my own behalf and on behalf of the Minor. I further agree to hold harmless, Wood, including the parent association, directors, coaches, staff, athletic directors and all facilities in which the event(s) is held for any injury or illness incurred by participant during the course of the event.

Please list below any medication to which the participant is allergic or is currently taking. If participant is under medication, please check to make sure he/she brings his/her medication and that he/she takes the prescribed dosage.

By signing below both I and participant verify that I am the parent or guardian of the participant named above, that I have read and understand the conditions of this medical release form. I further acknowledge that I am fully aware of the dangerous nature of the sport my child is partaking in and will hold only myself liable for any resulting illness or injury (minimal, serious or catastrophic).

Participant's School/Organization Name: _____

Participant's Printed Name: _____

Participant's Signature Date: _____

Parent's Signature Date: _____