



## Medical and Media Release Form

Please copy and distribute to each member of your squad/ team  
CHEERLEADING

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School/Team \_\_\_\_\_ Participant Name \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy# \_\_\_\_\_

Family Doctor \_\_\_\_\_ Dr.'s Phone \_\_\_\_\_

Do you have any medical problems or allergies that may interfere with this event? \_\_\_\_\_

If so, please describe problem(s) or limitation(s). \_\_\_\_\_

Do you have medication for this with you? If yes, please describe. \_\_\_\_\_

I fully understand and will instruct my daughter/son that there are risks and dangers associated with participation in cheerleading and dance (which include all aspects such as tumbling, stunting, jumping, leaping, turning etc.) These risks are not limited to bodily and may include injury, partial and /or total disability, paralysis and even death. I will not hold responsible Lakeside Christian School, its affiliates, or its representatives including any owners, partners, directors, officers, employees, coaches, assistants, volunteers, staff, vendors, sponsors, or any persons associated with cheerleading as well as the venue/facility in which any cheerleading event is being held and/or conducted.

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

I understand I will be notified as soon as possible in the event of an emergency. My insurance company or I will assume all expenses of such treatment.

I agree to protect, defend, indemnify and hold harmless Lakeside Christian, its affiliates, or its representatives including any owners, partners, director, officers, employees, coaches, assistants, volunteers, staff, vendors, sponsors, or any persons associated with Lakeside functions/events/games as well as the venue/facility in which the event is being held and/or conducted 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 daughter/son, the undersigned, or any other persons or damage to or destruction of property arising from or in connection with any damage to third parties occasioned by, incident to, arising out of, or in connection with my daughter's/son's participation.

I also understand that Lakeside Christian produce promotional material about their events. I understand that my daughter/son may be pictured in such materials.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_