

MCDA MEDICALRELEASE FORM

I fully understand that MCDA staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the MCDA staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the MCDA staff, to call our doctor and to seek medical help, including transportation by an MCDA member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the MCDA staff deem it necessary.

We, the staff of MCDA recognize our obligation to make our competitors and their parents aware of the risks and hazards associated with the sport of cheerleading. Competitors may suffer injuries, possibly minor, serious or catastrophic in nature. These activities can be dangerous and can lead to injury! It is the parents who should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

The undersigned agree, MCDA, its coaches and other staff members, are not responsible for injuries sustained by any competitor during the course of tumbling, stunting, cheerleading, in which he or she may participate or while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by MCDA. I, my heirs, executors, and other representatives, waive and release all rights and claims for damages that I or my child may have against MCDA and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide hospitalization, health, and accident insurance coverage that I consider adequate for both my child's protection and my own protection.

I hereby give permission for myself/my child to be photographed, videotaped, and/or audio taped to be used in print or broadcast media such as deemed appropriate for promotion of Athletic activities and for publicity surrounding participation in these events.

Team name & Participant name

\_\_\_\_\_

Participant Address City, State, Zip Code

\_\_\_\_\_

Parent phone number & Guardian phone number

\_\_\_\_\_

Emergency Contact & Emergency contact phone number

\_\_\_\_\_

Medical Insurance Company & Medical Insurance Policy number

\_\_\_\_\_

Participants or Participants Mother/Father/Guardian Signature if under (18)

X \_\_\_\_\_ Date \_\_\_\_\_