

## Bellarmino Cheer Skills Clinic Medical Release Form

PLEASE PRINT CLEARLY

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant's Birthday (mo/day/yr)

\_\_\_\_\_  
Participant's School

\_\_\_\_\_  
Participant's Grade

Parent or Legal Guardian:

I, the undersigned parent or legal guardian, do hereby grant permission for my daughter/son to participate in the Bellarmino Cheer Skills Clinic.

I further acknowledge and understand and agree that the possibility of physical illness or injury (minimal, serious, and catastrophic) exists and that my daughter/son is assuming the risk of such injury by participating in this Clinic. I authorize any representative of the Bellarmino Cheer Skills Clinic or Bellarmino to consent to and authorize any necessary medical attention, treatment, surgery, or administration of drugs by qualified and licensed medical personnel for my daughter/son. I understand I will be notified as soon as possible in the event of an emergency. I understand and agree that all expenses of such treatment are my responsibility.

I agree to protect, defend, indemnify, and hold harmless the Bellarmino Cheer Skills Clinic or Bellarmino, including it's owners, directors, officers, volunteers, and employees from and against any and all claims, demands, 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 out of or in connection with any damage to third parties occasioned by, incident to, arising out of, or in connection with my daughter/son's participation.

### Rules/Regulations

- \*No smoking, consumption of alcoholic beverages, or use of illegal drugs allowed.
- \*The Bellarmino Cheer Skills Clinic reserves the right to discipline any participant for unruly behavior or for conduct unbecoming to the event.
- \*Participants must respect all venue, campus, and facility rules and regulations.
- \*Participants must obey all rules and regulations set forth by the Clinic.

I have completely read and understand the above release and rules/regulations.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Participant

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Medical Insurance Company/Policy: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_