

MEDICAL RELEASE FORM

August 8th 2015

**ALL PARTICIPANTS MUST COMPLETE AND RETURN THIS FORM ON/BEFORE
AUGUST 8th 2015 INORDER TO PARTICIPATE!**

Participant's Name:

Participant's Phone Number:

Grade of Participant:

Name of Parent/Guardian:

Emergency Contact Name and Number:

Insurance Company Name:

Insurance Company Policy Number:

Medical Treatment Waiver and Release Form:

I/We, the undersigned parent/guardian, do hereby authorize Daniel Boone High School Cheerleading and Daniel Boone School District to obtain medical treatment for my daughter/son for any injury or illness undergone during the August 8th 2015 Stunt Clinic. I/We hereby hold Daniel Boone Cheerleading, Daniel Boone School District and representatives harmless in the exercise of this authority and forever discharge any and all rights and claims for injury and illness, which may arise now or in the future. I/We further acknowledge, understand, and agree that in participating in the Cheerleading there is a possibility of physical injury or illness by her/his participation. I/We assume full financial responsibility for such treatment.

Parent/Legal Guardian Signature: _____

Date: _____