



MEDICAL RELEASE AND PERMISSION SLIP

I, _____ am the parent or guardian of _____ and I hereby agree to and bind myself, my child and our heirs and assigns as outlined below:

(Please Print & Fill Out all Sections)

Child Participant's Name: _____

Participant Email: _____ Date of Birth: _____

Address _____ City: _____ Zip: _____

Parent/Guardian Name(s): _____

Day Phone: _____ Night Phone: _____ Cell Phone: _____

Organization: _____ Coach: _____

Allergies/Medical Concerns: _____

Medications: _____

Insurance Provider: _____ Policy# _____

WAIVER OF LIABILITY

I give permission for my child noted above to participate in Stamper Enterprises LLC t/a American Cheer & Dance Academy (ACDA) competitions, events, activities, practices, programs, or such matters sponsored, or affiliated, with ACDA for the 2008-09 season. I understand that in cheer, dance and athletic activities, and traveling related thereto, the real chance of serious injury, sickness, death or damages exists. Knowing and acknowledging these risks, I agree that I and my minor child solely accept and solely assume said risks. I agree that ACDA its officers, directors, shareholders, owners, agents, instructors, employees or any person affiliated therewith, are not responsible for any injury, sickness, death, expense, property damage or other damage to my child resulting from, sustained in conjunction with or incidental to any ACDA competition, event, activity, practice program, or such matters sponsored, or affiliated, with ACDA, and accordingly, I and my child waive and release all such claims against ACDA hereby agree to indemnify and hold harmless, ACDA from any liability related to injury, sickness, death, expense or damages to my child, whatever the cause, while attending, participating in, or traveling to or from any ACDA competitions, events, activities, practices, programs, or such matters sponsored, or affiliated, with ACDA.

EMERGENCY HEALTH CARE

I hereby authorize American Cheer & Dance Academy, its officers, directors, owners, agents, instructors and employees to transport, or authorize transport, of my child to a health care facility and/or hospital, and to authorize emergency health care treatment for my child. American Cheer & Dance Academy, and its agents, shall not be liable for the costs, results or consequences of any health care treatment to my child, and I agree to indemnify and hold them harmless from any such costs.

PHOTOGRAPHS, VIDEOS & REPRODUCTIONS

I hereby authorize American Cheer & Dance Academy to photograph, video and/or reproduce images my child at any American Cheer & Dance Academy event or activity, and to utilize said photographs, video or reproductions for promotional and/or commercial purposes, without any compensation whatsoever to any person or entity, and without any further authorization or permission being necessary.

Signature: _____ Date: _____

Printed Name: _____