

Team: _____

Cheerleader Name: _____

Hold Harmless/Informed Consent Agreement and Release from Liability

As the parent or legal guardian of _____, I hereby give my permission for this child to participate in Twin Boro Bears Cheerleading Summer Camp 2019 with the Mendham High School Cheerleading Team.

Activity: **Twin Boro Bears Cheerleading Summer Instructional Camp**

Dates: **Monday, August 12 - Thursday, August 15, 2019**

Location: Location TBD

I understand that participation in the above activity offered through The Mendham High School Cheerleading Booster Club hereafter referred to as MHSCBC, involves a certain degree of risk. I have carefully considered the risk involved and have given my son/daughter my consent to participate in the above event during the above-stated dates and times.

I give permission to the volunteers helping with said event/ activity to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult volunteer in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed.

In consideration for my daughter's participation in this activity, and for other good and valuable consideration, I release and agree to hold harmless MHSCBC, its volunteers, host families, coaches, parents, fellow participants, and the West Morris Regional High School District and all affiliated for any accidents that might occur during this event/activity which is in no way sponsored by The West Morris Regional High School District. I also understand that my daughter's participation in the above event/activity is not mandatory, as such she is participating of her own free will.

I have carefully considered the risk involved and have given my son/daughter my consent to participate in the above event/activity during the above stated dates and times.

In case of emergency, I can be reached by phone at _____ or _____.

If I cannot be reached, please contact _____ at _____.

Signed: _____ Date: _____ (Parent or Guardian)

INSURANCE INFORMATION

Name of Insured _____

Insurance Carrier _____ Policy Number _____

MEDICAL CONCERNS/ALLERGIES,SPECIAL CONSIDERATIONS: (please note here)