

Revolution Cheer & Tumbling Center, LLC Medical Release Form

Athlete's Full Name
Athlete's Home Address
Athlete's Date of Birth
Parent's Name
Parent's Email Address
Parent's Phone Number
List any medications currently administered:
List any medical conditions:
Emergency Contact (if parent cannot be reached) Name: Phone:

Medical Release:

I, _____, give my child (name printed above), permission to participate in any activities related to Revolution Cheer & Tumbling / Penn Elite All Stars. To my knowledge my child has no physical restrictions that would inhibit her/him from this activity. I further acknowledge and understand that by participating in this type of physical activity my child may sustain physical illness or injury (minor injury or catastrophic injury). I also acknowledge and understand that I am assuming the risk of such physical illness or injury, and I further release Revolution Cheer & Tumbling LLC, and all of their representatives from any claims for personal illness, injury, or death that my child may sustain during this activity. In the event that my child is injured, needs immediate medical attention, and I cannot be reached, I give Revolution Cheer/Penn Elite Staff my permission to authorize transportation to the nearest medical center for medical attention and I will assume the costs of such transportation and medical attention.

I hereby give Revolution Cheer & Tumbling Center the unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits and pictures of my child or pictures in which my child may be included, in whole or in part, separately or in conjunction with other photographs, in any medium now or hereafter known, for tasteful purposes, including: illustration, art, promotion, advertising, or trade.

X _____
Signature of Parent of Guardian

Date