



MEDICAL RELEASE FORM

I fully understand that Pandora Cheerleading Academy and staff are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the staff at Pandora Cheerleading Academy to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the staff at Pandora Cheerleading Academy, to call a doctor and seek medical help, including transportation to any health care facility or hospital, or the calling of an ambulance for said child should the staff at Pandora Cheerleading Academy deem it necessary.

Cheerleading involves skills which require the strength of football, the grace of dance, and the agility of gymnastics. Complex maneuvers are performed which challenge the limits of the body. Athletes may suffer injuries, possibly minor, serious or catastrophic in nature. These activities can be dangerous and can lead to injury. It is the parents who should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and coaches' instructions.

The undersigned agree, Pandora Cheerleading Academy and its' staff members are not responsible for injuries sustained by any cheerleader during the course of tumbling, stunting, cheerleading, or dancing in which he/she may participate or while traveling to or from the facility. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Pandora Cheerleading Academy. I, my heirs, executors, and other representatives, waive and release all rights and claims for damages that I or my child/children may have against Pandora Cheerleading Academy and or its' representatives whether paid or volunteer. I also affirm that I now have and will continue to provide hospitalization, health and accident insurance coverage that I consider adequate for both my child's protection and my own protection.

APPEARANCE CLAUSE

Permission is granted to use my son/daughter's picture or image in future advertisement and literature for Pandora Cheerleading Academy and events sponsored and conducted by them. I have read and agree to the above release and appearance clause.

X _____

SIGNATURE-- Participant's or Participant's Parent/Guardian (If Under 19) Date

X _____

PRINTED-- Participant's or Participant's Parent/Guardian Name Date

Participant Name Participant Address

Home Phone City, State, Zip Code

Parent/Guardian Cell Phone Emergency Contact Name & Phone Number

Medical Insurance Company Policy and Group Number

Athlete Date of Birth Athlete Email Address

REFERRAL: _____