

# Nerf Night Medical and Liability Release Form

Participants Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School/Gym Name \_\_\_\_\_ Coach's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Emergency Contact and Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical History Circle One

Heart condition/disease Yes No

Diabetes Yes No

Epilepsy/convulsive disorder Yes No

Contact lenses Yes No

Asthma Yes No

Allergies Yes No

State Allergies \_\_\_\_\_

Additional medical information and current medications \_\_\_\_\_

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I certify that \_\_\_\_\_ is physically capable and able to fulfill requirements necessary to participate in Nerf Night. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my son/daughter in the event of illness during participation when either parent/guardian cannot be reached. I also understand that I am responsible for payment of medical expenses should an injury occur. Xtreme Cheerleading, LLC is committed to providing a safe environment in which to participate. However, as with all athletic activity, the possibility of injury exists. Injuries that may occur include, but are not limited to, the following: blisters, muscle and ligament strains, joint and muscle soreness, abrasions, contusions, stress fractures, broken bones, spinal cord injuries involving paralysis, and even death. I acknowledge and understand the risks involved in this event and grant permission for my child to participate. I further agree to hold harmless Xtreme Cheerleading, LLC and its affiliates the practice facilities, and all associated staff for any injury sustained as a result of my son's/daughter's participation in this event.

I have read the above warning and thoroughly appreciate/understand the assumptions of risks inherent in the cheer/dance participation.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_