

**THE ROCK ATHLETICS - MEDICAL RELEASE FORM**

I fully understand that The Rock Athletics and staff are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the staff at The Rock Athletics 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 The Rock Athletics, 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 The Rock Athletics deem it necessary.

We, the staff at The Rock Athletics, recognize our obligation to make our clients and their parents aware of the risks and hazards associated with the sport of cheerleading. Competitors may suffer injuries, possibly minor, serious, or catastrophic in nature, or death. 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, The Rock Athletics 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 event. 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 The Rock Athletics. 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 The Rock Athletics 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 The Rock Athletics, LLC 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 18*) 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 \_\_\_\_\_

