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Medical Release Waiver

Please fill out completely can sign this form. Parents sign if the participant is under 18 years of age.

Event Date & Location: _____

Participant Name and date of birth: _____

Medical conditions: _____

Primary Medical Insurance Carrier: _____

Emergency Contact Name/Relationship: _____

Emergency Phone Number: _____

Medical Treatment, Authorization & Liability Release

I, the undersigned parent or guardian, do hereby grant permission for the above-named participant to attend the above mentioned US Cheer Productions competition. I also authorize any necessary treatment by a qualified physician for any injuries my child may sustain while at the competition. In case of emergency during the event, I would like them transported to the hospital for medical treatment and hold US Cheer Productions and its representatives harmless in their execution of this authority.

I further release US Cheer Productions and its representatives from any claims for injury or illness that may be sustained as a result of my child's participation in this event. I understand and will be responsible for any medical bills that may be incurred on behalf of my daughter/son for physical illness or injury during the competition.

I am fully aware of the risks, including the risk of catastrophic injury, paralysis, even death, as well as other damages and losses associated with the participation in competitive cheerleading.

I further agree that US Cheer Productions and its representatives shall not be liable for any losses or damages occurring as a result of my child's participation in US Cheer Productions competitions.

Signature of Parent/Guardian: _____

Date: _____

Address: _____