



MEDICAL AUTHORIZATION & RELEASE OF LIABILITY

In consideration of myself and/or my child, I _____ (print parent's name) hereby give my consent for _____ (print child's name) to participate in the Cambridge Jr. Cheer Inc. cheer Program. I authorize Cambridge Jr. Cheer Inc.'s Board of Directors, coaches, parent volunteers, assistants and support staff to treat my child for minor injuries. I further agree that the Athletic Trainer may treat the above participant whenever necessary until other arrangements can be made and that the coach(es) may render first aid. I also understand that there are inherently high risks of injury and/or property damage; that any of the various cheerleading components of the cheerleading activities involving participation could lead to unavoidable injuries. With full knowledge of such risks, whether foreseen or unforeseen, on behalf of myself, my heirs, my personal representatives, my assigns and the participant, I agree to:

- (1) Assume any and all risks of injury, loss or damage that may arise out of such participation;
- (2) Waive and release any and all claims against Cambridge Jr. Cheer, Inc., the owners, staff, board of directors, agents, sponsors, advertisers, volunteers and including without limitation from any claim of negligence by the participant, the participant's heirs, executors and assigns, from any liability arising from claims for damages or for injuries to the participant, and any claims for loss or damage to the participant's property which may arise out of participation in the program and activities of Cambridge Jr. Cheer Inc. held at Twister Allstar Academy 2395 Pendley Road Cumming, GA 30041 during the 2019 cheer season;
- (3) Indemnify and hold Cambridge Jr. Cheer Inc. and its sponsors, parents, coaches and the like forever harmless from and against any and all claims, which may arise out of participation; AND
- (4) I further certify that I have private medical insurance coverage and guarantee payment of any medical expenses incurred as a result of any injuries received during my child's participation.

I represent that I have read and understand the content of this statement; I understand the nature of this statement as contractual, I have had an opportunity to ask questions about this statement; I have executed this statement as my own free act and signed voluntarily.

Parent Signature

Date

PHOTO/VIDEO RELEASE CONSENT

I give consent and authorize Cambridge Jr. Cheer, Inc. to take photos and/or video of my child during Cambridge Jr. Cheer events. I also give consent for Cambridge Jr. Cheer, Inc. to use the pictures and/or video for the Cambridge Jr. Cheer website, social media outlets and any press release articles which will be for public viewing.

Parent/Guardian Signature

Print Parent/Guardian Name

Date