

**2019 Brandon Valley Cheer & Dance Holidayzle
Medical and Liability Release Form**

Participant Name	Date of Birth
School/Club	Team Name
Address, City, State, Zip	
Emergency Contact	Phone #
Insurance Company	Policy #
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	

List Allergies _____

Additional medical information and current medications

I certify that _____ is physically capable and able to fulfill requirements necessary to participate in the Brandon Valley Cheer & Dance championships. 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. Brandon Valley 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 Brandon Valley and its affiliates, the competition facility, 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 _____
(If 18 years or older)

PARENT/GUARDIAN SIGNATURE _____ Date _____