

LITTLE VIKING CHEERLEADING

Name \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you had any serious illness, surgery or injury?: \_\_\_\_\_

Do you have any medical problems or allergies that may interfere with Cheerleading: \_\_\_\_\_

Medical treatment Authorization and Liability Release

I understand that there are risks of physical injury (including but not limited to cuts, sprains, broken bones and/or catastrophic injury) associated with, arising out of and inherent to cheerleading. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all rights and/or causes of action of any kind, including any and all claims of negligence, arising as a result of such activity from which liability could accrue to Little Viking Cheerleading, its officers, instructors, parents and all affiliated entities (hereinafter collectively referred to as "LVF").

I hereby agree to release LVF and hold LVF harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in this event on behalf of the participant.

I am aware that this is a release of liability and acknowledgment of my voluntary and knowing assumption of risk of injury. I have signed this document voluntarily and of my own free will in exchange for privilege of participation.

If I am a minor, my parent and/or legal guardian has signed this document releasing LVF from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risk of injury inherent to this activity/event.

The above named has my permission to participate in the LVF cheerleading season. I warrant the above information is complete and correct. I have completely read and understand the above release information. I hereby authorize LVF officers, instructors, and coaches to act in my behalf to provide emergency medical treatment. I further release LVF of all liabilities associated with my child's participation in the Little Viking Cheerleading Season.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date