

# Medical Treatment Authorization and Liability Release Form

Participant's Name			Name of Parent/Legal Guardian			Name of Coach/Sponsor		
Address			Your School/Gym Name			Name of Assistant Coach/Sponsor		
City	State	Zip	City	State	Zip	Name of Assistant Coach/Sponsor		
Phone Number			Phone Number			Participant's e-mail		
Age while at camp		Date of Birth	Camp Dates		Site of Camp			

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I \_\_\_\_\_, as parent or legal guardian of \_\_\_\_\_, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow minor to participate in the above Camp to be conducted by JW Enterprises LC doing business as the Cheerleading Stunt Academy (CSA) I acknowledge and agree, in my own behalf and on the behalf of the Minor, that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of the Minor, acknowledge that the Minor is assuming the risk of such illness or injury by participating in the Camp. In the event of such illness or injury, I authorize CSA to obtain necessary medical treatment for the Minor and hereby, in my own behalf and on behalf of the Minor, release and hold harmless CSA, the school, on whose premise the Camp will occur, (hereinafter the "School") the affiliates of CSA and the School, and the respective directors, officers, representatives, members, agents, and employees of CSA, the School and their respective affiliates (hereinafter collectively "releasees") in the exercise of this authority, I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

I, in my own behalf and on behalf of the Minor, further agree to release and to hold harmless Releasees from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury that the Minor may incur or sustain during the Camp, all activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasee's heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other person or persons on account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, damages or costs Releasees may have to pay as a result of any such action, claim or demand.

**Appearance Agreement.** I understand that CSA from time to time produces promotional material relating to its programs. I understand that as a participant in and/or a spectator at the Camp the Minor may be included in videotapes or photographs taken during the Camp. Therefore, without reservation or limitations, I, in my own behalf or the Minor, hereby assign, transfer and grant to CSA its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and /or videotape the Minor and to utilize such videotapes and photographs and Minor's name, face, likeness, voice and appearance as part of the Camp, in advertising and promoting similar future events. I further understand that neither CSA nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

**Camp Rules.** I further acknowledge and understand that CSA has established rules and regulations pertaining to conduct, behavior and activities of all Camp participants, by which Minor and I agree to abide during the Camp (copy of which is listed on the back of this form), and the Minor and I will be responsible for her/his/my failure to abide by those rules and regulations. Minor and I have received and read the Camp rules. Minor and I understand that violation of the rules can result in dismissal from Camp with no Refund.

**Insurance and payment.** I further acknowledge that CSA has an insurance and payment policy by which I agree to abide (copy of which is on the back of this form).

I in my own behalf of the Minor, hereby warrant that I have read this Release and Waiver in its entirety and fully understand its contents. I, in my own behalf and on behalf of the minor, am aware that this Release and Waiver releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on the behalf of the minor, further acknowledge that nothing in this Release and Waiver constitutes a guarantee that the Camp will occur. I, in my own behalf and on the behalf of the Minor, have signed this document voluntarily and of my own free will.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relation to Minor: \_\_\_\_\_

I, identified as Minor, acknowledge that I have read this Release and Waiver form.

Signature of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Address: \_\_\_\_\_

**Insurance and Payment.** Participant needs to show proof of insurance, as it is usually required to obtain medical treatment as we strictly adhere to this insurance requirement. Please complete all the information below.  
WE MUST HAVE THE POLICY NUMBER.

Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Medical Insurance Policy Number: \_\_\_\_\_

I represent that any medication to which Minor is allergic or Medications that Minor is currently taking are listed below. I agree that Minor shall bring medication which Minor is currently taking with him/her to the Camp and that he/she shall consume the prescribed dosage for such medications.

Medications (if any): \_\_\_\_\_

Allergic to (if any): \_\_\_\_\_

I acknowledge that the Minor suffers from the following medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

I authorize the Camp Administrative staff, if necessary, to give Minor non-prescription medicine (Tylenol, Benadryl, cold/allergy remedy, etc.) while attending camp.

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Camp Rules**

The CSA staff wants to be sure your squad has an excellent learning experience while you are at camp. The rules listed below are for your protection and to insure a successful camp for all participants. Any violation of these rules can result in the entire squad's dismissal from camp with no refund. Your school principal will be called as well as your parents. Parents will be asked to pick up for early dismissal from camp.

1. Participants will not ride in cars while at camp. Participants are asked to walk with their squads to all camp functions. If participants bring their cars, they are asked to park their cars and turn keys over to the Lead Instructor. Participants will be restricted to campus during the camp. (This does not pertain to commuter camps.)
2. The School may be conducting classes during our camp. We ask that no cheering, chanting be practiced around the classrooms, dormitory lobbies or food service areas. Areas will be provided for your squad's practices.
3. Squads must be on time to all classes and camp functions.
4. Please leave valuables at home (rings, jewelry, etc.). CSA will no be responsible for lost or stolen items.
5. Participants may not go to a clinic or hospital unless accompanied by a member of management staff.
6. REFUND POLICY: A refund less the deposit will be issued if a written request is received two weeks prior to your camp dates. After that time, only a 50% refund will be given because of School guarantees.
7. No use of alcohol or other illegal substances.
8. No smoking at camp
9. Participants must follow all School housing rules: (This does not pertain to commuter camps.)
  - a. No running or unnecessary noise in the hotel or dorm.
  - b. All windows are to remain closed in the air-conditioned dorms/hotel rooms. In rooms without air-conditioning, windows may be left open but screens must be left on. No leaning out of windows.
  - c. There will be no tumbling, horseplay, partner stunts or practicing in dorm rooms or hotel rooms.
  - d. Any damage to the dorm or hotel room will be charged to your group. Be sure to leave your room as clean as you found it.
  - e. Lost keys are expensive. Keep up with your keys so that you will not be charged for them.
  - f. All participants must be in the dorm or hotel at 9:00 p.m., on their floor by 10:00 p.m., in their rooms by 10:30 p.m., and in bed with lights out by 11:00 p.m. and remain there until morning. If an emergency occurs, participant should contact the Lead Instructor immediately for assistance. Class schedules are very strenuous, you need to get your rest.
  - g. No one of the opposite sex will be allowed in the dorm rooms.