

Medical Treatment, Liability Release and Appearance Agreement
Colts Football Cheerleader

Cheerleader's Signature: _____
Represents the Colts Football Cheerleaders

- A. I understand that by taking part in the Colts Football Cheerleading team, there is a possibility of injury or sickness to my child. I do hereby grant my permission to the hospital staff members to administer treatment to my child should she be injured.
- B. I also agree to hold harmless schools, Optimist City officials, school board, gyms, AAYFC and any other cheerleading coaches, sponsors and staff for any injury incurred as a result of my child's participation in the Colts Football Cheerleaders.
- C. In the event that any activities are locally or nationally televised and/or posted on social media platforms, I give my child the right and permission to be filmed, have printed photography or video taping of my daughter for any reproductions associated or in any way connected with the said televised or filmed event, in particular, for use in any form of advertisement for the Colts Football Cheerleaders for its promotional purpose.

Parent's Signature: _____

Home Phone: (____) _____

Work/Cell Phone: (____) _____

Address: _____

City/State/Zip Code: _____

Insurance Carrier & Policy Number: _____

Phone: (____) _____

Medication Allergies: _____

Emergency Contact: _____

Home Phone: (____) _____

Work/Cell Phone: (____) _____

Cheerleader Name _____ **Date of Birth** _____

Cheerleader Grade Fall _____ **School in Fall** _____

This release in to be interpreted in the broadest possible manner and is not limited to all items written above.

Parent Initials _____