



Summit Cheering Athletics LLC

Individual Medical & Publicity Release Form

Participant's FULL name: _____ Sex ____ Age: _____ DOB __/__/____

Participant's FULL name: _____ Sex ____ Age: _____ DOB __/__/____

Participant's FULL name: _____ Sex ____ Age: _____ DOB __/__/____

Parent or Legal Guardian's Information

Mother/Guardian first and last name: _____

mailing address: _____ City: _____ State: _____

Zip _____

Father/Guardian first and last name: _____

Mailing address: _____ City: _____ State: _____

Zip _____

Mom home phone: _____ Cell: _____ Work: _____

Dad home phone: _____ Cell: _____ Work: _____

Mom Email: _____ Dad Email: _____

Medical limitation: _____

Allergies: _____

Medications: _____

Who can we thank for telling you about us: _____

Please Read the following carefully:

As a Legal Guardian of _____ and/or _____, _____

The above-named participant has my permission to attend and participate in the Summit Cheering Athletics Missoula and/or Kalispell. I warrant that the above information is accurate and complete.

I hereby authorize the staff of Summit Cheering Athletics LLC. Personnel, or emergency personnel or their agents to act in my behalf to provide medical treatment to the above-named participant. I further understand that a Cheerleading carries an inherent risk of potential serious injury and/or harm and I hereby forever release and hold harmless the Summit Cheering Athletics Associate Team, and their employees, assistants, and agents from any and all claims, causes of action, damages, contract liability, tort liability, and other legal or equitable liability arising out of or incidental to my child's attendance and/or participation at this event. I also give permission for the Summit Cheering Athletics LLC and any event sponsors to use photographs or film media of the participant for future promotional advertising.

Signature of Parent/Guardian Date

Signature of Athlete Date