

Clovis West Pep & Cheer Showcase
Medical Release and Liability Release Form
March 13, 2010

Participants' Name: _____ School: _____

Home Address: _____ City/Zip: _____

Home Telephone #: _____ Date of Birth: _____

Health Insurance Co: _____ Policy Number: _____

Family Doctor: _____ Telephone #: _____

Medical Problems or Allergies: _____

Emergency Contact: _____ Telephone #: _____

Emergency Contact: _____ Telephone #: _____

I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of cheerleading. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all rights and or causes of action of any kind, and assume full responsibility for my child. I will not hold Clovis West, Clovis Unified School District, its employees, or Showcase staff responsible for any lost or stolen items, or injury incurred.

Parent/Guardian Signature: _____ **Date:** _____

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