

**MEDICAL RELEASE FORM**

I fully understand that ACE of Hattiesburg / (ACE) and staff are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the staff of ACE to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the staff of ACE, to call a doctor and seek medical help, including transportation to any health care facility or hospital, or the calling of an ambulance for said child should the staff of ACE deem it necessary.

We, the staff of ACE, recognize our obligation to make our clients and their parents aware of the risks and hazards associated with the sport of cheerleading. Competitors may suffer injuries, possibly minor, serious or catastrophic in nature. These activities can be dangerous and can lead to injury. It is the parents who should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and coaches' instructions.

The undersigned agree, ACE and its' staff members are not responsible for injuries sustained by any cheerleader during the course of tumbling, stunting, cheerleading, or dancing in which he/she may participate or while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by ACE. I, my heirs, executors, and other representatives, waive and release all rights and claims for damages that I or my child/children may have against ACE and or its' representatives whether paid or volunteer. I also affirm that I now have and will continue to provide hospitalization, health and accident insurance coverage that I consider adequate for both my child's protection and my own protection.

**APPEARANCE CLAUSE**

Permission is granted to use my son/daughter's picture or image in future advertisement and literature for ACE of Hattiesburg and events sponsored and conducted by them. I have read and agree to the above release and appearance clause.

X \_\_\_\_\_ Date  
Participants or Participants Parent/Guardian Signature if under (18)

Participant Name \_\_\_\_\_

Participant Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian Cell Phone \_\_\_\_\_ Emergency Contact Name & Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy and Group Number \_\_\_\_\_

Athlete Date of Birth \_\_\_\_\_

E-mail Address \_\_\_\_\_

Parent's Name (printed) \_\_\_\_\_

\_\_\_\_\_  
**Parent Initial**

\_\_\_\_\_  
**Director's Signature**