

Cheerleading Stunt Camp Medical Waiver

Participant Information

Participant Name

Date of Birth

Address

Emergency Contact Name

Emergency Contact Phone

Medical Information

Allergies

Medical Conditions

Medications

Family Physician

Physician Phone

Waiver and Release

I, the undersigned, understand that participation in the Cheerleading Stunt Camp involves physical activities that carry inherent risk of injury. I hereby authorize the organizers to act according to their best judgment in any emergency requiring medical attention. I release and hold harmless the camp, its coaches, staff, and affiliates from any and all liability arising out of participation.

Parent/Guardian Name

Signature

Date

Participant Signature

Date