



MEDICAL TREATMENT/WAIVER OF LIABILITY/APPEARANCE FORM

(Please make a copy for each member and coach of your squad/team)

Participant Name: _____ **Birthdate:** ____/____/____ **Sex:** ___ Male ___ Female

Address: _____ **City, State, Zip:** _____

Email Address: _____ **Phone:** (____) _____

School/Group Name: _____

Event: _____

Address: _____

___ **Private Camp/Clinic** ___ **Cheer/Dance Competition**

City, State, Zip: _____

Location: _____

Medical/Liability:

I, the undersigned parent or legal guardian, do hereby grant the permission necessary to allow for my child _____ to participate in a cheer/dance camp/clinic/competition conducted by Florida Cheer and Dance Association, Inc. ("FCDA"). I acknowledge, understand and agree, in my own behalf and on behalf of the above named minor, that such participation subjects minor to the possibility of ;physical illness or injury (minimal, serious, catastrophic and/or death) and that the minor is assuming the risk or such illness or injury by participating.

In the vent of such physical illness or injury, I give consent and authorize FCDA, Inc. to obtain any necessary medical attention, treatment, surgery or the administration of drugs by qualified and licensed medical personnel for the minor. In the event of such physical illness or injury, I hereby release and hold harmless FCDA, Inc., it's owners, directors, officers, employees, instructors, agents, sponsors, contractors, and the hosting site and their respective affiliates against any and all claims, demands, losses, suits, liabilities, costs, fees, or any other damages. I further agree that all expenses of such medical attention and treatments will be assumed by me or my insurance company. I understand that I will be contacted by FCDA, Inc. as soon as possible to the best of their ability in the event of an emergency regarding said minor.

Appearance:

I understand that FCDA, Inc. at times will produce promotional material relating to their events. I understand that as a participant the minor may be photographed or videotaped during this event. I hereby grant FCDA, Inc., its successor, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or video tape the minor and to utilize the minors name, face, likeness, voice and appearance as part of the event, and in advertising and promoting of this event or promoting similar future events, without reservation or limitation. I understand that in granting these rights that FCDA, Inc. is under no obligation to exercise any of these forgoing rights, licenses and privileges herein granted.

I have completely read and understand the above Release and Waiver.

Participant's Signature: _____ **Date:** _____

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

Relationship to Minor: _____ **Emergency Phone#:** _____

Mother's Cell: _____ **Father's Cell:** _____

List any medications the Minor is currently taking: _____

List any medications the Minor is allergic to: _____

Doctor's Name: _____ **Phone:** _____

Dentist Name: _____ **Phone:** _____

Medical Insurance Company: _____ **Policy/Group#:** _____