Fearless Overflow Wavier

Releases

Emergency Medical Release

In the event of an emergency requiring medical attention, I hereby grant consent to a physician, athletic trainer and/or

other qualified medical personnel to provide medical treatment to and/or transport my child (named on top of form). I

understand that every effort will be made to contact me to receive my specific authorization before any.

treatment or hospitalization is undertaken. However, in the event of an emergency and if I cannot be reached, I give,

my consent to the medical care provider to perform any necessary emergency treatments. I agree to release any records,

necessary to the appropriate medical care provider for the purpose of treatment, referral, billing, or insurance purposes.

Parent/Guardian Signature Date

Liability Waiver

I, the undersigned parent/guardian, do hereby give permission for my child to attend and to participate in

cheerleading events with Fearless Overflow Cheer Squad Ltd. I hereby acknowledge that by attending and participating in

cheerleading events that there is a possibility of physical illness or injury to my child, and I do hereby for

All others who and I might have a similar claim waive, release, and forever discharge all rights and claims,

for damages, which may arise now or in the future against the Fearless Overflow Cheer Squad Ltd., including but not limited to, its owners, operators, officers, agents, or representatives, for all damages which my child may sustain or suffer while attending and participating in the events.

It is expressly understood that I agree to reimburse, indemnify, and hold harmless Fearless Overflow Cheer Squad Ltd. for any claim, interest or subrogation by any person, company, corporation, or association that may arise regarding this event or waiver. It is also understood that I will be responsible to Fearless Overflow Cheer Squad Ltd. for counsel fees and costs related thereto.

Parent/Guardian Signature Date

Photo Release

I authorize the Fearless Overflow Cheer Squad Ltd to photograph, videotape and/or audiotape my child during practice and competitions.

Parent/Guardian Signature Date