



## Medical Information

Child's Name: \_\_\_\_\_

(hereinafter "athlete(s)") is in good physical health, and there are no medical conditions that would limit his/her participation in class)

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

*Emergency Contact in the Event Parents can not be reached*

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### RELEASE WAIVER

I, the undersigned, intend that there shall be no personal liability by the members, directors, or employees of Divinity Athletics for any claims, obligations, or demands of any kind or nature whatever. I understand that participation in cheerleading activities involves a reasonable assumption of risk. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and death, as well as other damages and losses associated with the participation of cheerleading activities and events. I give permission to Divinity Athletics and/or the appropriate medical facility to take whatever emergency measures as judged necessary for the care and protection of the athlete(s) while under the supervision of Divinity Athletics. In case of emergency, I understand that the athlete(s) will be transported at my expense. It is my understanding that in some medical situations, the staff will need to contact the local emergency resource before the guardians, the athlete(s) physician, and/or other adults acting on the guardian's behalf. Divinity Athletics is not responsible for any personal items brought into the facility.

### USE OF PHOTOGRAPHS, VIDEOTAPES, AND RECORDINGS

I hereby acknowledge that I am either the parent or legal guardian of the athlete(s); I authorize Divinity Athletics to retain the right to use any photographs or video recordings of the athlete for advertising, promotional material, or for any other legitimate purpose.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_