

2009 Decatur Invitational Cheer Student Release

Medical Release & Appearance Form

PLEASE PRINT CLEARLY

Participant Name _____

Participant's Grade _____

School Name _____ Cheer Coach Name _____

Parent or Legal Guardian

I, the undersigned parent or legal guardian, do hereby grant permission for my son/daughter to participate in the Decatur Invitational. I further acknowledge and understand and agree that by participating in this Invitational there is a possibility of physical illness or injury (minimal, serious, and catastrophic) and that my son/daughter is assuming the risk of such injury by participating. I authorize any representative of Decatur High School or the event party to consent and authorize any medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel for my son/daughter, which may become necessary. I understand I will be notified as soon as possible in the event of an emergency. I understand and agree that all expenses of such treatment are my responsibility. I agree to protect, defend, indemnify and hold harmless Decatur High School, including its staff, employees and sponsors from and against any and all claims, demand, losses, suits, liabilities, costs, or other damages including court costs and attorneys fees, arising from any injury to, or death of son/daughter, the undersigned, or any other persons or damage to or destruction of property arising out of or in connection with any damage to third parties occasioned by, incident to, arising out of, or in connection with my son/daughter's participation. I understand that Decatur High School produce's promotional material about the program. I understand that my son/daughter may be included in videotape or photography taken during this event. I hereby grant Decatur High School, its successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors the exclusive right to photograph and/or videotape my son/daughter and further to utilize my son/daughter's name, face, likeness, voice and appearance as part of the event, and in advertising and promotion of the event, without reservation or limitation. In granting this license, I understand that Decatur High School is under no obligation to exercise any of its rights, licenses and privileges herein granted.

Rules/Regulations

- No smoking, consumption of alcoholic beverages or use of illegal drugs allowed.
- Decatur High School reserves the right to discipline any participant for unruly behavior or for conduct unbecoming to the event.
- Participants must respect all venue, campus and facility rules and regulations.
- Participants must obey all rules and regulations set forth by the event.

I have completely read and understand the above release and rules/regulations.

Signature of Participant: _____

Signature of Parent or Guardian: _____

Street Address:

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Medical Insurance Company/Policy: _____

Emergency Contact: _____

Phone: _____ Cell: _____