GIVE A COPY OF THIS FORM TO EVERY PARTICIPANT

(This form may be duplicated)

MEDICAL RELEASE AND LIABILITY FORM

I. **I, undersigned parent or guardian, do hereby grant permission for my child whose name is _____ and hereinafter shall be referred to as "participant" to participate in the TMSAA Cheerleading Sectional Championships. In order that participant may receive necessary medical treatment in the event of injury or illness, I hereby hold the Director and its representatives harmless in the exercise of the authority.**

II. **I further acknowledge and understand and agree that in taking part in this competition, there is the possibility of physical illness or injury (minimal, serious, or catastrophic) and the participant is assuming the risk of such injury by participating.**

III. **I further agree to hold harmless the Varsity Spirit Corporation, including its directors, officers, staff employees of Universal Cheerleaders and Dance Association which conduct the competition, TSSAA and the university or school in which the competition is being conducted and for illness or injury incurred by participating during the course of the competition.**

IV. **Emergency Treatment**
To All Parents:
Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without parent's consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, this will allow the hospital to treat the injury.

EMERGENCY INFORMATION

Name: _____ Sex: M _____ F _____

Grade: _____ Age: _____ Date of Birth: _____/_____/_____

Parents' Name: _____

Work Address: _____

Work Phone Number: _____

Home Address: _____

Home Phone Number: _____

Another Person to Contact: _____

Relationship: _____ Phone Number: _____

Insurance Name: _____

Policy & Group Numbers: _____

ALLERGIES: _____

Consent Statement: Authorizing Treatment

Participant Signature	**Parent/Guardian Signature**	**Participant's School Name**

THIS FORM MUST BE TURNED IN AT REGISTRATION THE DAY OF COMPETITION