

EMERGENCY RELEASE FORM & PARTICIPATION WAIVER



ATHLETE INFORMATION:

Athlete's Name _____ Birth Date _____ Age _____
Athlete's Full Address _____ City _____ State _____ Zip _____

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION: (Please write "Same" if same as athlete above)

Parent 1 Name _____ Parent 1 Best Phone # _____

Parent 1 Address _____ City _____ State _____ Zip _____

Parent 2 Name _____ Parent 2 Best Phone # _____

Parent 2 Address _____ City _____ State _____ Zip _____

SECONDARY EMERGENCY CONTACT INFORMATION: (For use after attempt to contact parents/guardians above)

Name _____ Relationship to Athlete _____ Best Phone # _____

MEDICAL INFORMATION:

Athlete's Physician _____ Phone # _____

Insurance Company _____ Name of Subscriber _____ Policy # _____

Known Allergies/Medical Conditions: _____

Medical Release and Liability Waiver

I, certify that _____ is physically capable and able to fulfill requirements needed to participate in all aspects of the Diamond Elite Cheer. program and hereby give consent for him/her to participate in all aspects of Diamond Elite' program. I Hereby release, discharge, hold harmless, covenant to indemnify and not to sue Diamond Elite, it's directors, officers, employees, coaches, volunteers, managers, agents, sponsors, shareholders, and any associated personnel, from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the participant as a result of participation in Diamond Elite program(s) and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. This release includes any claims of negligence, and is intended to be as broad as is permissible under Florida Law.

Statement of Hazards of Participating in Athletic/Cheerleading/Tumbling

I, the undersigned participant and parent/legal guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve serious risk of injury, including but not limited to, death, serious neck, head and spinal injuries which may result in complete or partial paralysis; brain damage; serious injury to virtually all internal organs; muscular skeletal system; and serious injury or impairment to other aspects of the body , general health and well-being and any other unknown risks not reasonably foreseeable at this time. I assume all the foregoing risk and accept financial responsibility for the damages following any such injury.

Medical Treatment Release

If a medical emergency should arise during my child's participation with Diamond Elite at a time when I am not personally present so as to be consulted regarding his/her care; I hereby authorize any agent of Diamond Elite, on my behalf to take whatever measures are necessary to ensure that he/she is provided with any emergency medical treatment including hospitalization, which Diamond Elite deems advisable in order to protect his/her health and well-being and I agree to be financially responsible for the cost of such assistance and/or treatment.

Parent/Guardian Signature

Date