

MUSTANGS YOUTH CHEER WAIVER AND RELEASE FORM

\_\_\_\_\_, parents/legal guardian/s of \_\_\_\_\_, voluntarily give our consent for participation in the 2021/2022 Mustangs Youth Cheer Program. I confirm that \_\_\_\_\_ has had a **recent physical/medical examination and is physically fit for participation in the Mustangs Youth Cheer Program**. I also understand Mustangs Youth Cheer Program does not carry medical insurance for participants. Participants will need to supply their own insurance policy for expenses and parents/legal guardians will need to verify the policy covers \_\_\_\_\_ while participating in the Mustangs Youth Cheer Program.

I have been informed that cheerleading and related activities always involve certain risks, including but not limited to death, serious neck and spinal injuries, and serious injury to bones, joints, and muscles. The risk of such harm may be limited by safety measures, but will never be eliminated. For myself, my spouse, my child, I knowingly and freely assume all such risks, both known and unknown, and even if arising from negligence of Mustangs Youth Cheer Program or others, and assume full responsibility for My Child's participation. I willingly agree to comply with Mustangs Youth Cheer Program standard and customary terms and conditions for participation in Mustangs Youth Cheer Program. If I observe an unusual and significant concern in My Child's readiness for participation and/or in the cheer program itself, I will remove my child from participation and bring such issue to the attention of the coach immediately.

**I understand that the Mustangs Youth Football Program is not responsible for the Mustangs Youth Cheer Program. All concerns relating to Mustangs Youth Cheer Program must be directed to the Mustangs Youth Cheer Program.**

I understand that Mustangs Youth Cheer Program is a volunteer-based program and hereby release Mustangs Youth Cheer Program, coaches, volunteers, other program participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct Mustangs Youth Cheer Program with respect to any and all injury, disability, death, or loss or damage to personal property incident to my child's/ward's involvement or participation in the Mustangs Youth Cheer Program and Mustangs Youth Football Program, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law; and I, for myself, my spouse, MY Child, and on behalf of my/our heirs, assigns, personal representatives and next of kin HEREBY INDEMNIFY AND HOLD HARMLESS AND CONVENANT NOT TO SUE all of the above Releases, from any and all liabilities incident to participation and involvement in Mustangs Youth Cheer Program and Mustangs Youth Football Program, even if arising from the negligence of Releases, to the fullest extent permitted by law.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, AND SIGN IT VOLUNTARILY.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**I allow/do not allow my child's likeness, image, or photograph to be used at any time for promotional materials, including our team Facebook page. (please circle allow or do not allow)**

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

MUSTANGS YOUTH CHEER PROGRAM MEDICAL INFORMATION AND MEDICAL RELEASE

CHILDS NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact/Number \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact/Number \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does child have any special medical conditions that we should be aware of? If so, please explain.

Are there any orthopedic conditions that will limit safe participation in any activity? If so, please explain.

Contact Lenses \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetic \_\_\_\_\_ Cardiac Problem \_\_\_\_\_

If it appears that medical treatment should be necessary due to an **accident we will attempt to contact an emergency contact listed**. If we cannot get in touch with an emergency contact, then we need authorization to seek medical treatment.

**I hereby authorize Mustangs Youth Cheer Program, coaches, volunteers, other participants, or any other persons witnessing the need for emergency care, to secure medical treatment for \_\_\_\_\_ in an emergency that may arise during any Mustangs Youth Cheer Program activity.**

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Legal Guardian

Date

MEDICAL INSURANCE INFORMATION

The undersigned certified that medical insurance covers the child while he/she participates in the Mustangs Youth Cheer Program activities.

Insurance Company Name/Address \_\_\_\_\_

\_\_\_\_\_

Policy # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian Signature

Date