

Iowa All Stars

Winterfest Cheer and Dance Competition Medical Information/Liability Release Form

Student's Name (will be referred to as applicant): _____

Mother's Name: _____ Father's Name: _____

Mother's Phone number: _____ Father's Cell Phone number: _____

Medical Information

Describe any physical, psychological or other handicaps, ailments or conditions affecting the applicant: _____

Except as described immediately above, the undersigned acknowledges that the Applicant is in excellent health and condition and physically able to participate in the program described herein.

Identify the person to be called in an emergency:

Name: _____

Address: _____

Telephone Number: Work: _____ Home: _____ Cell: _____

Insurance information (required):

Insurance Company: _____

Policy Number / Group number: _____

Each of the undersigned gives permission to take whatever emergency measures are deemed necessary for the care and protection of the Applicant while under the supervision of the Iowa All Stars Staff. In case of medical emergency, the undersigned acknowledge and agree that the Applicant will be transported at the undersigned's expense to an appropriate medical facility by the local emergency resources (police, paramedics, etc.) for treatment if the local emergency resources deem it necessary.

Release and Waiver

As additional consideration for the Iowa All Stars allowing the Applicant to compete in the cheerleading/dance competition, each of the undersigned (a) acknowledge that the cheerleading/dance competition involves intense running, jumping, stretching, tumbling, twisting, stunting, and aerial maneuvers that involve a risk of injury, including, without limitation to, sprains, broken bones, head injuries, paralyses, other serious injuries, and even death; (b) agrees to assume all risks, losses, costs and expenses sustained by the Applicant and the undersigned, arising from or relating to the Applicants participation in the competition described above, and (c) releases and agrees to hold harmless and indemnify the Iowa All Stars program and its owners, directors, officers, employees, agents and coaches and the hosting school and facility from any claims, losses, costs and expenses incurred by the Applicant and the undersigned arising from or relating to the Applicant's participation in the cheerleading/dance competition described above.

Signatures Required

Parent or Legal Guardian: _____ **Date:** _____

Applicant: _____ **Date:** _____