



MEDICAL RELEASE FORM

This medical release form is applicable to all Spirit Celebration Events and CGA Nationals.

Participant Name: _____

Gym/School Representing: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth date: _____ Age: _____ Grade: _____

Email: _____

Parent or Guardian Name: _____

Parent or Guardian Phone Number: _____ Cell _____

Secondary Contact: _____

Phone Number: _____

Please list any medical conditions that we should be aware of: _____

Allergies to Medicines: _____

As in all athletic activities, there is an inherent risk to injury. I do hereby on behalf of myself and my child, release and forever discharge the event hosting organization, hosting facility, it's principals, partners, members, managers, employees, officers, contractors, consultants, advisors, volunteers and agents from all claims, demands, and causes of action for injury to persons or property arising from participating in the event. I also understand that first aid will be rendered and/or if necessary or instructed to do so, give my permission to take my child to such a place as may be necessary for proper care and treatment. I grant permission to any hospital or clinic staff member to administer immediate treatment if necessary.

By granting permission for my child to participate in on of the above-mentioned events, I assume full responsibility for said participants' personal safety and release the above-mentioned hosts from any and all liabilities that may occur from injury, including death to said participant that may arise from participating in this event. I understand that these activities can result in serious injury and disability. I assume all responsibility, waive any claim for compensation for accidental injury, disability or death while attending the event, and hereby hold harmless the host company, staff and hosting facility.

I have read and understand this document and agree that my child will follow the rules that pertain to the event. I further attest that and acknowledge that my child is in good physical health and is physically able to participate.

I understand that my child may be photographed, filmed or videotaped during this event. I give permission for video and/or photographs of my child or myself to be used for promotional purposes for these events.

Parent/Guardian Signature: X _____ Date: _____

Physicians Name: _____ Phone Number: _____

Insurance Co.: _____ Policy Number: _____