



# CREEKVIEW COMP MIDDLE SCHOOL CHEER

## MEDICAL AUTHORIZATION & LIABILITY WAIVER

I, \_\_\_\_\_, hereby acknowledge that participation in **Creekview Comp Middle School Cheer** involves physical activity and inherent risks associated with cheerleading, including but not limited to stunting, tumbling, jumps, conditioning, practices, competitions, performances, events, and travel.

In consideration of my child, \_\_\_\_\_, being permitted to participate in the **Creekview Comp Middle School Cheer Program**, I, the undersigned parent/guardian, do hereby waive, release, and hold harmless **Creekview Comp Middle School Cheer, Creekview Middle School, Cherokee County School District, TAG Athletics**, and any of their directors, coaches, staff, volunteers, chaperones, and representatives from any and all claims, demands, or causes of action arising from injury, illness, sickness, or death that may occur as a result of participation in program activities.

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## Emergency Medical Authorization

I authorize any coach, director, or designated program representative to seek emergency medical treatment for my child in the event of an injury or medical emergency.

I grant permission for emergency medical personnel to administer immediate treatment to my child as deemed necessary. I understand that, in the event of a serious or life-threatening emergency, my child will be transported to the nearest hospital or medical facility.

I understand that I am responsible for any medical expenses incurred and acknowledge that my child must have valid health insurance coverage. If my child is not covered by health insurance, I assume full financial responsibility.

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## Medical Information Disclosure

As a safety precaution, I give permission for any allergies, medical conditions, or health concerns disclosed below or through program registration to be shared with Creekview Comp Middle School Cheer coaches, directors, staff, and team personnel as necessary to ensure the safety and well-being of my child.

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## Insurance Information

Insurance Company: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

Primary Insured Name: \_\_\_\_\_

Primary Insured DOB: \_\_\_\_\_

Policy / Member ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

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## Medical Conditions / Health Concerns

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## Known Allergies

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## Emergency Contact Information

Emergency Contact Name & Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

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By signing below, I acknowledge that I have read and understand this waiver and medical authorization. I agree to all terms outlined above and consent to my child's participation in **Creekview Comp Middle School Cheer** for the duration of the season.

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Photo & Video Release I grant permission for Creekview Comp Middle School Cheer to photograph and/or record my child during participation in program activities. These images and videos may be used for promotional, educational, and informational purposes including websites, social media, and printed materials. I further grant permission for TAG Athletics to use photos and videos taken during Creekview Comp Middle School Cheer activities for the promotion of school and recreational cheer programs. I release and hold harmless Creekview Comp Middle School Cheer and TAG Athletics from any claims related to the use of such images. Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent / Guardian Signature Date**