



Medical Release Form

I, the undersigned parent/guardian, do hereby grant permission for my participant, _____, to attend and participate in the Northwestern State University Cheer open practice/clinics.

I further acknowledge and understand that in participating in this clinic, that it is a possibility that my participant may sustain physical illness or injury, in connection with their participation. I further acknowledge and understand that my participant is assuming the risk of such physical illness or injury by his participation and I further release Northwestern State University, as well as its representatives, from any claims for personal injury that my participant may sustain during the workshop.

I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my participant for physical illness that they may sustain during the clinic.

PLEASE PRINT

Participant's Full Name _____

School Name _____

Insurance Company _____ Policy _____

Name of Parent or Guardian (self if sponsor) _____

Address _____
City State Zip

Phone _____ Emergency Phone _____

List any medication that the participant is currently taking:

List any medication to which the participant is allergic:

List any known medical conditions (diabetes, epilepsy, etc.):

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

*This form may be copied.