

MCDA MEDICAL RELEASE FORM I fully understand that MCDA staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the MCDA staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the MCDA staff, to call our doctor and to seek medical help, including transportation by an MCDA member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the MCDA staff deem it necessary. We, the staff of MCDA recognize our obligation to make our competitors and their parents aware of the risks and hazards associated with the sport of cheerleading. Competitors may suffer injuries, possibly minor, serious or catastrophic in nature. These activities can be dangerous and can lead to injury! It is the parents who should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. The undersigned agree, MCDA, its coaches and other staff members, are not responsible for injuries sustained by any competitor during the course of tumbling, stunting, cheerleading, in which he or she may participate or while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by MCDA. I, my heirs, executors, and other representatives, waive and release all rights and claims for damages that I or my child may have against MCDA and or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide hospitalization, health, and accident insurance coverage that I consider adequate for both my child's protection and my own protection. I hereby give permission for myself/my child to be photographed, videotaped, and/or audio taped to be used in print or broadcast media such as deemed appropriate for promotion of Athletic activities and for publicity surrounding participation in these events.

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of (insert name of sports organization) athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately;
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (insert name of sports organization) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Team name & Participant name

Participant

Address City, State, Zip Code

**Parent/Guardian phone number
phone number**

Emergency Contact Name &

Medical

Insurance Company & Medical Insurance Policy number

or Parent/Guardian Signature (if under 18)

Participants

Date
