


EASTERN CHEER AND DANCE ASSOCIATION
Publicity/Medical Release & Waiver and Release of Liability Form

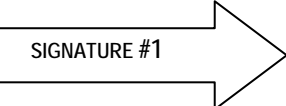
Please check appropriate box:
 Cheerleader Dancer

IMPORTANT!

This form must be signed in THREE (3) places indicated by . ANYONE NOT HAVING THIS FORM PROPERLY FILLED OUT AND SIGNED BY A PARENT OR LEGAL GUARDIAN WILL NOT BE ALLOWED TO PARTICIPATE IN AN ECA/EDA EVENT.



PERMISSION FOR USE OF PHOTOGRAPH

Permission is granted to use my daughter's/son's/ward's picture in future advertisement and literature for EASTERN CHEER & DANCE ASSOCIATION and events sponsored and conducted by them.

_____   _____
Date SIGNATURE #1 Parent/Legal Guardian

WAIVER & RELEASE OF LIABILITY

I, the undersigned parent/guardian, do hereby give permission for my daughter/son/ward to attend and to participate in cheer/dance events sponsored by Eastern Cheer & Dance Association. I hereby acknowledge that by attending and participating in cheer/dance events that there is a possibility of physical illness or serious/fatal injury to my daughter/son/ward and I do hereby for myself and all others who might have a similar claim waive, release and forever discharge any and all rights and claims for injury, which may arise now or in the future against Eastern Cheer & Dance Association, its owners, operators, officers, agents or representatives, the University/College/Host School/Institution, and their representatives, for any and all damages which my daughter/son/ward may sustain or suffer while attending and participating in the events.

_____   _____
Date SIGNATURE #2 Parent/Legal Guardian

MEDICAL INFORMATION

Name: _____ Birth Date: _____ E-Mail: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Telephone Number: (____) _____
Name of School/Team: _____ Year of Graduation: _____
In case of emergency, notify: _____ Relationship: _____
Home Phone: (____) _____ Day Phone: (____) _____
If this person cannot be reached, please contact: _____ Relationship: _____
Home Phone: (____) _____ Day Phone: (____) _____

THIS FORM DOES NOT REQUIRE A PHYSICAL EXAMINATION. Please answer questions below:

Please list allergies: _____
Please list allergies to medications: _____
Please list any medication which you are currently taking: _____
Please make any necessary comments concerning physical condition, restrictions, etc., if any: _____

INSURANCE INFORMATION

Please list name and address of insurance company that covers participant.

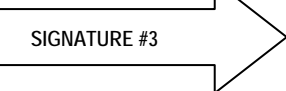

Name of Insurance Company: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Name of Subscriber: _____
Relationship to Participant: _____ Policy No. (optional): _____

Please check here if the participant is NOT covered under an insurance policy. Please be aware that all bills will be sent directly to the parent or legal guardian.

MEDICAL TREATMENT AUTHORITY STATEMENT

I, the undersigned parent/guardian, do hereby grant permission for my daughter/son/ward to attend cheer/dance events sponsored and conducted by Eastern Cheer and Dance Association. In order for my daughter/son/ward to receive the necessary medical treatment in the event of an injury or illness, I hereby authorize Eastern Cheer and Dance Association's staff members to obtain medical treatment for my daughter/son/ward for such injury or illness during any event, and I hereby hold Eastern Cheer and Dance Association, the University/College/Host School/Institution, and their representatives harmless in the exercise of this authority.

I further acknowledge, understand and agree that in participating in these events there is possibility of physical injury or illness by her/his participation. I assume full financial responsibility for such treatment.

_____   _____
Date SIGNATURE #3 Parent/Legal Guardian