

Medical Release Form & Liability Waiver

Every Coach/Director must read, complete and sign this release form. The completed Medical Release Form & Liability Waiver must be received with the Registration Form/Team Roster and the Registration Fee in order to participate in the Scarborough Cheering Invitational on Saturday, February 18th, 2012.

Organization/School: _____

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Team
Name: _____

- I, _____, understand I must be in compliance with all event rules and regulations in order to participate in the Scarborough Cheering Invitational. I understand any violation of this agreement may result in the disqualification/removal of the team or individuals involved with no refund.
- I agree the information submitted on all registration forms is truthful and accurate to the best of my knowledge.
- I understand by taking part in the Scarborough Cheering Invitational there is a possibility of injury or sickness to my team members, my staff or myself (coach/director). I do hereby grant permission to a medical team, trainer or physician to administer immediate medical treatment to my team members, my staff or myself (coach/director) should she/he be in need of any such treatment.
- I agree to obtain a copy of all medical information and insurance information for each member of my team and understand I am required to keep this information with the team throughout the event.
- I agree to release and to hold harmless the Scarborough School Department, the Scarborough Cheering Club, the Scarborough Cheering Invitational staff, the hosting site/event facility and all affiliates for any injury as a result of my team's participation in the Scarborough Cheering Invitational.

Coach/Director Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone #: _____ Cell #: _____

Coach/Director Signature: _____

Date: _____

The Medical Release Form & Liability Waiver must be completed and mailed to

the host with the Registration Form/Team Roster and the Registration Fee.
No team will be permitted to perform without this form on file.