



**DREAM TEAM CHEER, LLC
MEDICAL TREATMENT/LIABILITY RELEASE**

I, the undersigned parent or guardian, do hereby grant permission for my child, whose name is _____ and hereinafter referred to as "Participant," to participate in DREAM TEAM CHEER, LLC's organized cheerleading events, including, but not limited to practices, competitions, shows, or any other event (hereinafter "Cheerleading Activities") conducted by DREAM TEAM CHEER, LLC. I grant my permission for said Participant to receive the necessary medical treatment in the event of an injury or illness. I hereby hold DREAM TEAM CHEER, LLC and its representatives (including directors, officers, instructors, coaches, members and their personnel) harmless in the exercise of this authority.

I further acknowledge, understand and agree that in taking part in the Cheerleading Activities, there is a possibility and even inherent risk of physical injury or illness and that Participant is assuming the risk of such illness or injury by participation.

I further agree to hold harmless Dream Team Cheer, LLC, including its directors, officers, instructors, coaches, members and their personnel from any and all liability (including reasonable attorney's fees) for any claim whatsoever, including any claim arising out of any injury or illness incurred by Participant during the course of the Cheerleading Activities, including travel to and from such Cheerleading Activities.

WAIVER OF LIABILITY

I hereby waive and absolve Dream Team Cheer, LLC and its directors, officers, instructors, coaches, members thereof of any liability and responsibility of injuries, sickness, accidents and/or acts of God incurred during participation in Cheerleading Activities or any other related activity by Participant. In consideration of my signed release allowing my child to participate in a Dream Team Cheer, LLC activity, I, on behalf of myself and my child (the Participant), our heirs, executors and administrations, intending to be legally bound, do hereby waive, release and forever discharge any and all rights and claims, whether known or unknown, for damage, injury, causes of action which Participant or I may have or which may hereinafter accrue to me or Participant against Dream Team Cheer, LLC, its directors, officers, members, agents, representatives, successors, and/or assignees, based on its/their negligence, gross or otherwise, for any participation in Cheerleading Activities and/or arising out of travel to and/or return from the respective Dream Team, LLC Cheerleading Activities. In the event of injury/accident/sickness, Dream Team, LLC, and/or instructors are to contact the designated adult listed below as soon as possible to the best of their ability.

Signature of Child/Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Mailing Address of Participant Including City, State, Zip _____

I HEREBY GRANT PERMISSION FOR THE ABOVE-NAMED PARTICIPANT, MY CHILD/CHARGE, TO BE TREATED IN CASE OF EMERGENCY ACCIDENT OR ILLNESS.

Name of Participant _____ Date of Birth _____

Social Security Number _____ Name of Emergency Contact _____

Relationship _____

Daytime Phone # (____) _____ - _____ Evening # (____) _____ - _____ Cell Phone # (____) _____ - _____

THIS FORM DOES NOT CONSTITUTE ANY PAYMENT OBLIGATION ON THE PART OF DREAM TEAM CHEER, LLC. THE FOLLOWING IS THE PARTICIPANTS INSURANCE/MEDICAL INFORMATION:

Medical Insurance Company _____ Policy/Group # _____

Doctor's Name _____ Doctor's Phone(____) _____ - _____

Allergies _____

Signature of Parent/Guardian Granting Permission _____

