

**ULTIMATE CANADIAN CHEER INC.
MEDICAL TREATMENT AUTHORIZATION, MEDIA CONSENT AND LIABILITY RELEASE**

Athletes Name _____ Date of Birth(dd/mm/yy) _____
Address: City: _____ Province: _____ Postal Code: _____
Phone (H): _____ Phone (C): _____
Email Address: _____ Health Card Number: _____

Parent/Guardian Name(s): _____
Phone (H): _____ Phone (C): _____
Email Address: _____

Emergency Contact Name _____ (Relationship): _____
Phone (H): _____ Phone (C): _____

I, I, the undersigned parent or guardian, do hereby grant permission for my daughter/son, whose name is _____, and hereinafter shall be referred to as "participant," to participate in the activities run at Ultimate Canadian Cheer and Dance events.

II. I further acknowledge and understand and agree that in taking part in all-star cheerleading there is a possibility of physical illness or injury (minimal, serious, or catastrophic) and that the participant is assuming the risk of such injury by participating.

III. I further agree to hold Ultimate Canadian Cheer and Dance(UCCD), its Owners, Directors, Staff, or other associated representatives harmless, for any injury or illness incurred by the participant prior too, during the course of team training, practices, performances, competitions, classes, and after. I further release UCCD, its Owners, Directors, Staff, and other associated representatives Sports Can Insurance and any other subsequent body from any and all liability for personal injury or property damage suffered on the grounds of the facilities. Furthermore, I authorize the Owners, Directors, Staff, or other associated representatives of UCCD to act for me, according to their judgment, in any emergency requiring medical attention. I hereby hold the Owners, Directors, Staff, or other associated representatives harmless in the exercise of this authority.

IV. I understand that I will be notified as soon as possible in the event of an emergency. All expenses of such treatment will be assumed by me or my insurance carrier.

Media/Appearance Clause:

Permission is granted to use my daughter's/son's picture or image in any or all future advertisements, broadcasting, web site and marketing literature or promotional videos for UCCD and/or and events sponsored and conducted by them.

Please list any medication to which participant is allergic, any previous medical conditions that could impair his/her performance, and any medication currently being taken: _____

I have read and agree to the above medical Release, waiver and media clause.

Participant's Signature _____ Date: _____

If Participant is under 18 years of age:

Signature of Parent or Guardian: _____ Date: _____