

Milton Junior Eagles Cheer

MEDICAL & LIABILITY RELEASE

I, _____, hereby acknowledge the risk associated with cheerleading. In consideration of the opportunity to participate in the Milton Junior Eagles Cheer Program, including Sideline and Competition, I, the undersigned parent/guardian of _____, do hereby waive, release, and hold harmless the Fulton County School District, the Milton Junior Eagles Cheer and Football Programs, as well as any of their board members, coaches, team parents, volunteers, chaperones/drivers, and parents for any and all liability claims for injury, sickness, or death incurred as a result of participation in the Milton Junior Eagles Cheer Program, including practices, games, competitions, events, and carpool.

I give any Milton Junior Eagles Cheer and Football board member, coach, team parent, or volunteer, permission to seek medical attention for my child in case of emergency. I grant emergency medical staff permission to administer immediate treatment to my child, should they be injured. I understand that, in the event of a serious and/or life-threatening emergency, my child will be taken to the nearest hospital or medical facility.

I understand that my child must be covered by their own health insurance, & if my child is not covered by health insurance, I assume full responsibility, financial or otherwise. As a safety precaution, I give permission for any allergies, medical conditions, &/or health concerns previously disclosed to program during registration to be accessible by the MJE Cheer Program, including the board, team moms, parents, &/or cheerleaders via team roster, private share website, &/or personal account/word of mouth.

Signature

Date

Parent