

**Medical and Liability Release Form
Blueberry Festival Fair Cheerleading Competition**

Student Name: _____

Team Name: _____

1. I understand that by taking part in this event, there is a possibility of injury, sickness or death to my daughter/son. Therefore, I give permission for my daughter/son to participate in the Blueberry Festival Fair Cheerleading Competition and do hereby grant permission to hospital staff members and emergency personnel to administer immediate treatment to my child should she/he become injured.
2. I also agree to hold harmless the Blueberry Festival Board, Jana's Gymnastics, Inc. and staff and any officials or anything to do with the Fair for any injury incurred as a result of my daughter/son's participation in this event.

Parent Signature: _____

Student Signature: _____

Home Phone: _____ Work Phone _____

Insurance Company & Policy Number: _____

Any Medicine allergic to: _____

Family Doctor: _____ Phone: _____

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Parent Signature: _____

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