

Junior Spirit Medical Treatment and Liability Release

I, the undersigned parent/guardian of _____, do hereby grant permission for my daughter or son, hereinafter referred to as

“Participant,” to participate in the Junior Spirit Cheer and Dance Team. In order for the participant to receive the necessary medical treatment in the event of serious injury or illness, I hereby allow any medical facility and/or personnel to give medical care to my child. It is my understanding that I will be contacted as soon as possible by the medical facility or Coach. I will hold the Adams 12 School District and its representatives harmless in the exercise of this authority.

I also contend the participant has had a recent physical and is healthy and able to meet all the physical demands of the Junior Spirit Cheer and Dance Team.

I further acknowledge, understand, and agree that in taking part in the Junior Spirit Cheer and Dance team there is a possibility of physical illness or injury (minimal, serious, or catastrophic), and that the parent/guardian and participant are assuming the risk of such illness or injury.

I understand it is my responsibility as a parent/guardian to arrange and be aware of the transportation of the participant to and from all the Junior Spirit cheer and dance clinics and to the performance event. I will not hold The Northglenn Spirit Teams, the Adams 12 School District, or its representatives liable for the transport of the participant to or from such events.

Participant Name (Printed): _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____

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