

2024 Arizona State Cheerleading/Pom Tournament™ Medical and Liability Release Form February 23-24, 2024

I, the undersigned parent, legal next of kin or legal guardian, do hereby grant my permission to my son/daughter whose name is listed below to participate in the Arizona State Cheerleading/PomTournament™, Friday February 23 and/or Saturday, February 24, 2024. I do hereby accept responsibility for any injury he/she may receive while participating in any activity pertaining to this competition.

I further acknowledge, understand and agree that in participating in this event there is a possibility of physical risk, injury or illness by his/her participation and that my son/daughter is assuming such risk.

In the event of injury or illness requiring immediate treatment, I request that every effort be made to contact me directly. If I cannot be reached, I authorize personnel to make arrangements for treatment. I grant the appropriate personnel of Arizona State Cheerleading/Pom Tournament $^{\text{TM}}$ to make such arrangements for treatment. I hereby hold the representatives of Arizona State Cheerleading/Pom Tournament $^{\text{TM}}$ harmless in the exercising of this authority.

I agree to release Arizona State Cheerleading/Pom Tournament™ and its representatives and involved parties from any liability of any theft or damage to personal property.

Lasty, I hereby grant full permission for event organizers to record any or all of my sons/daughters participation in this event for photos, motion pictures, TV, radio, recorings, taping and other media known or unknown, and to use them for publicity, promotions, advertising, trade or commercial purposes without any reimbursement or fee of any kind.

| School /Team Name | |
|----------------------------|--------------------------------------|
| Participant Name (Printed) | Participant Signature |
| Parent/Guardian Signature | Date |
| Parent/Guardian Cell Phone | Parent/Guardian Address |
| Insurance Company Name | Insurance Group Number/Policy Number |
| Family Physician Name | Physician Phone Number |
| Medical Allergies | |

Please duplicate for each participating team member as needed. Coaches will turn in at the Registration Table on the day of the Tournament.