



Emergency Release Form and Liability Waiver

Written consent is required for all treatment given in a hospital emergency room or clinic. Consent of a parent/guardian is required for all unmarried minors except in cases of extreme emergency. As a parent/guardian, I hereby authorize for the treatment by a qualified and licensed medical doctor of the below named minor in the event of a medical emergency, which, in the opinion of the attending physician may endanger her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will and with the purpose of authorizing medical treatment under emergency conditions in my absence.

I, as parent/guardian, give my child permission to participate in the Bulldogs Spirit Poms and Dance program, and hereby fully waive, release, and forever discharge any and all claims against the Bulldogs Spirit Poms and Dance organization and its volunteers resulting in injuries or loss as a result of participating in this program. Any information given regarding the named child is protected by law and will only be used to administer the Bulldogs Spirit Poms and Dance program.

We will be taking enhanced safety measures – for you, our students, and staff members. You/visitors/students/staff must follow all guidelines and posted instructions while present at Bulldogs Spirit Poms and Dance.

An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and guests with underlying medical conditions are especially vulnerable.

By visiting/taking class with Bulldogs Spirit Poms and Dance, you/visitors/students/staff voluntarily assume all risks related to exposure to COVID-19. Help keep each other healthy and safe.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number #1: _____

Parent/Guardian Phone Number #2: _____

Printed Parent/Guardian Name

Parent/Guardian Signature

Date Signed