

“Festival in the Rockies”

Individual Medical & Publicity Release Form

Participant's Full Name: _____
Date of Birth: ____/____/____ Age: _____ Grade in
School: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Alt. Phone: _____
Email: _____
Parent/Guardian Names: _____
Health Insurance: _____
Family Doctor: _____ Phone: _____
Allergies: _____
Medical Limitation: _____
Medications: _____

Please read the following carefully:

The above-named participant has my permission to attend and participate in the Festival in the Rockies competition. I warrant that the above information is accurate and complete. I hereby authorize the staff of Rocky Mountain Gymnastics & Sports Team, Rocky Mountain Gymnastics & Sport personnel, or emergency personnel or their agents to act in my behalf to provide medical treatment to the above-named participant. I further understand that a Cheerleading competition carries an inherent risk of potential serious injury and/or harm and I hereby forever release and hold harmless the Rocky Mountain Gymnastics & Sport or any Rocky Mountain Gymnastics & Sports Associate Team, and their employees, assistants, and agents from any and all claims, causes of action, damages, contract liability, tort liability, and other legal or equitable liability arising out of or incidental to my child's attendance and/or participation at this event. I also give permission for the Rocky Mountain Gymnastics & Sport and any event sponsors to use photographs or film media of the participant for future promotional advertising.

Parent/Guardian Date _____ Signature of

Signature of Athlete Date