Print Name of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Mukwonago Youth Cheerleading LLC

# MEDICAL WAIVER AND RELEASE OF LIABILITY

PLEASE READ CAREFULLY

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the natural parent and/or legal guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby acknowledge and state that said participant is

presently under my care, custody, and control and that I possess the authority to grant the permission and authorization stated herein. In consideration of being allowed for my child to participate in any way in the Mukwonago Youth Cheerleading LLC Program, related events and activities, and the undersigned acknowledges, appreciates and agrees that:

1. My child has no conditions which would prohibit or restrict her participation with the Mukwonago Youth Cheerleading LLC program or any of the Mukwonago Youth Cheerleading events.
2. The risk of injury or illness from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while participation rules, equipment, and personal discipline my reduce this risk, the risk of serious injury does exist; and,
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, INCLUDING contraction of COVID-19 from participation, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child’s participation and,
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, my child observes any unusual significant hazard during their presence or participation, they will remove themselves from participation and bring such to the attention of the nearest official immediately; and,
5. On behalf of my child, as their natural parent, legal guardian and/or managing conservator, I HEREBY RELEASE AND HOLD HARMLESS Mukwonago Youth Cheerleading LLC or Jamie McCartan or Jamie Haessig, their officers, officials, agents, and/or employees, volunteers, instructors, assistant coaches, coaches, family, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL INJUR, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I authorize any representative of Mukwonago Youth Cheerleading LLC to locate qualified and licensed medical personnel and/or transport said student to an appropriate medical facility in the event that it may become necessary.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANCIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I understand I will be notified as soon as possible in the event of an emergency. My insurance company and I will assume all expenses of such treatment.

I consent to be photographed while participating in all MYC LLC Events and events that MYC LLC participates in. I further authorize that the photographs may be published for any purpose and in any form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent, legal guardian and/or managing conservator)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Participant’s Signature) Name of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mukwonago Youth Cheerleading LLC

CONSENT FOR ATHLETIC TRAINING SERVICES

AND EMERGENCY MEDICAL TREATMENT

In the event of an emergency, the trainer or emergency medical staff will use this information in order to best administer the care needed for your child.

Preferred Medical Group: ProHealth Advocate Aurora Froedtert Medical Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company Policy Number

Or □ No Insurance- I take responsibility for all Medical expenses

In case of emergency and the absence of the parent/guardian information you sent me by email when you registered, please list two people you recommend we call:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ List any known allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medications being taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any physical disabilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONSENT AND AUTHORIZATION I hereby authorize the employed, contracted or volunteer staff of the participating teams to consent to any; athletic training services or necessary medical assistance on behalf of my son/daughter/ward. I further authorize these individuals to discuss my Son/daughter/ward’s medical condition with other health care personnel. To the fullest extent permitted by law, I do hereby indemnify and hold harmless the Mukwonago Youth Cheerleading LLC, entities and other persons who act in reliance upon this authorization.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_