



**Hawks Cheerleading Club
PARTICIPATION, RELEASE OF LIABILITY,
WAIVER OF CLAIMS AND INDEMNITY
AGREEMENT**

Program:

PLEASE PRINT CLEARLY

Athlete Name _____	Home Phone _____
Address _____	Athlete's Cell Phone _____
_____	Birth Date _____
City _____ Postal Code _____	Age as of May 31, 2009 _____
Emergency Contact Name _____	Phone Number _____
School as of Sept 2009 _____	Athlete Email Address _____

WARNING!

By signing this document you will waive certain legal rights, including the right to sue. Please read carefully.

ALL SPORT, INCLUDING CHEERLEADING, HAS ITS RISKS

I desire to voluntarily participate in cheerleading. I hereby acknowledge that I am aware of the risks and hazards associated with or related to cheerleading. The risks and hazards of cheerleading include, but are not limited to, injuries relating to:

- Executing strenuous and demanding physical techniques;
- Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements and quick turns and stops;
- Exerting and stretching various muscle groups;
- Dryland training;
- Falling or colliding with the floor, mats, walls, stands, equipment or with other participants;
- Failing to properly use any piece of gymnastics equipment or from the mechanical failure of any piece of gymnastics equipment;
- Contacting or being struck by other participants (including spotters), spectators or equipment;
- Travel to and from competitive events and associated non-competitive events.

Initial

Furthermore, I am aware that:

- Injuries sustained in cheerleading can be severe and even fatal;
- Injuries sustained in cheerleading can render me permanently paralyzed;
- I may experience anxiety while challenging myself during the activities, events and programs;
- Rules are designed to enhance the safety of myself and others and are to be followed at all times;
- My risk of injury increases as I become fatigued.

Initial

I AGREE TO BE RESPONSIBLE FOR MYSELF:

I agree that there are risks in cheerleading as described above. By participating voluntarily in these events, activities and programs, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss which I might receive while participating in these events, activities and programs. In consideration of my participation in cheerleading programs, activities and events, I hereby release the Oshawa Hawkeyes Football Club, the Hawks Cheerleading Club, their respective directors, officers, managers, members, employees, coaches, volunteers, officials, participants, agents, owner's/operators of the facilities and representatives' from any and all claims, demands, actions, injuries, expenses and costs which might arise out of my participation.

Initial

I HAVE READ THIS DOCUMENT CAREFULLY AND I ACKNOWLEDGE MY RESPONSIBILITIES AND THE EFFECT OF THIS WAIVER OF LIABILITY

I ACKNOWLEDGE MAKING THIS AGREEMENT: I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

Name of participant _____ (please print) Name of Guardian/Parent _____ (please print)

Signature of participant _____ (If over 18 years of age) Signature of Guardian or Parent _____

Date _____ Date _____

Parent/Guardian's Name _____

Home Phone _____ Cell # _____

Email _____

Parent/Guardian's Name _____

Home Phone _____ Cell # _____

Email _____

Pick up instructions



Hawks Cheerleading Club MEDICAL HISTORY FORM

Please provide details for all that apply below:

Athlete Name:							
Health Card Number							
Doctor's Name						Doctor's Phone Number	
Do you suffer from any of the following:		Yes	No		Yes	No	
	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Do you have an EpiPen?	<input type="checkbox"/>	<input type="checkbox"/>	
	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Recurring Sore Throat?	<input type="checkbox"/>	<input type="checkbox"/>	
	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Do you require a Puffer?	<input type="checkbox"/>	<input type="checkbox"/>	
	Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	
	Migraines	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
	Concussions	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	
Other we should be aware of:							
Medical conditions under treatment:		Pre-existing injury being treated:					
Medications currently taking:		Conditions being treated by:					
Daily medication schedule:		Other:					
Contact Lenses:		Yes <input type="checkbox"/>	No <input type="checkbox"/>				
<p>I understand that I am responsible to let my coaches/managers know of any injury that may hinder my ability to perform at any activities put on by the Hawks Cheerleading Club.</p>							
Signature of Parent/Guardian /Cheerleader (Over 18 years)				Date			
<p>I hereby grant permission to licensed hospitals and/or health care staff members to administer immediate medical treatment as deemed necessary to me/my child should I/she/he be injured during a Hawks Cheerleading Club event at which I am/they are participating.</p>							
Signature of Parent/Guardian /Cheerleader (Over 18 years)				Date			
<p>Further, I understand that I am responsible for payment of expenses incurred relating to my own/my daughter/son's medical treatment.</p>							
Signature of Parent/Guardian /Cheerleader (Over 18 years)				Date			