

COACHES: PLEASE SUBMIT THESE FORMS IN ALPHA ORDER BY SURNAME. THANK YOU!

2010-2011

FUTURE CHEER

2010-2011 LIABILITY/MEDICAL AND PUBLICITY RELEASE FORM

VALID FROM 1 AUGUST, 2010 THROUGH 31 JULY 2011

I (parent or guardian if under 18 years) **Name** _____ hereby release and absolve Future Cheer, it's subsidiary's, staff, employees, directors and presidents from all liability and responsibility for injuries, sickness, accidents, loss of money and property, that may be sustained before, after, or whilst participating at a Future Cheer event, workshop, camp or competition.

I also hereby acknowledge the inherent risks involved when taking part in cheerleading and dance, and have the necessary insurance cover in association with my team/club OR have individual athletic insurance to cover such, in the unlikely event of an injury, accident, or loss when taking part.

If filling this form out for a person under the age of 18 years of age, please confirm their full name below.

(The person you are signing for if less than 18 years of age) **Name** _____

In consideration of me signing this release form, I am allowing myself / my child, to participate in a Future Cheer event and intend to be legally bound and agree to waive and release all rights to claim for damages which I or my child may sustain or suffer whilst participating at the event, including traveling to and from the event.

I also confirm that I / my child, have not been advised by a doctor or paramedic to avoid physical exercise and do not know of any problems that my adversely effect my / their health when taking part at the event.

I also give permission for myself / my child to be photographed, video- or audio-taped during any of the Future Cheer events, and give permission for such photographs, video and audio tapes to be used in print or broadcast through any media which is deemed appropriate for the promotion of Future Cheer activities, promotions and publicity.

Participants Details	Emergency Contact Details
Full Name (PRINT): _____	Name: _____
Date of Birth (dd/mm/yy): _____	Relationship: _____
Team: _____	Phone No _____
FULL Address: _____ _____	Mobile No _____
Post Code _____	Work No _____
Home Phone No _____	Other Contact information _____ _____ _____
Mobile Phone No _____	

Responsible party for the above named participant: _____

Consent

I hereby agree with the above, and have read and fully understand these conditions and by signing, agree to accept them.

Signature _____ **Date** _____

Printed Name _____ **Relationship to participant** _____



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