

MINOR PERMISSION SLIP AND MEDICAL RELEASE

Activity: **Notre Dame College Cheerleading Youth Clinic**

Sponsor: Notre Dame College and its officers, directors, trustees, employees, agents, volunteer workers, promoters and affiliates.

Name of Minor _____ **Age:** _____

Address _____

Parent or Legal Guardian:

Name: _____

Address: _____

Daytime Phones: () _____ () _____

Email: _____

Permission and Release: I represent that I am a parent or guardian having legal custody or the legal guardian of the above minor child. I give my permission for my child to participate in the activity described above, which may include transportation and supervision by volunteers, counselors, staff, administration, and coaches. In consideration for my child's participation in this activity, **I hereby, on behalf of my child, myself, our heirs, assigns and personal representatives, waive, release and forever discharge the Sponsor from any and all claims**, including but not limited to claims for bodily injury, property damage, or death arising directly or indirectly from my child's participation in the activity, including injuries or losses caused by the ordinary negligence of Sponsor and the ordinary negligence, gross negligence and willful misconduct of third parties including other participants in the activity, and further agree not to sue Sponsor with respect to any claim for bodily injury, property damage, or death as a result of my child's participation in the activity.

I, on behalf of my child, myself, our heirs, assigns, and personal representatives, state that I am aware of the risks associated with the activity and assume full responsibility for the risk of bodily injury, property damage, or death to my child while engaged in the activity due to the ordinary negligence of Sponsor and the ordinary negligence, gross negligence, or willful misconduct of any third party including others participating in the activity.

I, on behalf of my child, myself, our heirs, assigns, and personal representatives, agree to indemnify, defend and hold harmless, at my sole cost, the Sponsor from any and all claims arising out of my participation in the activity.

Any provision or portion of this Minor Permission Slip and Medical Release found to be invalid by a court having jurisdiction shall be invalid only with respect to such provision or portion thereof, and then only to the extent necessary to avoid such invalidity. The offending provision or portion shall be modified to the maximum extent possible to confer upon the parties that benefits intended thereby. The provision or portion as modified and the remaining provisions or portions hereof shall be construed and enforced to the same extent as if such offending provision or portion thereof had not been contained herein, to the maximum extent possible.

Medical Release: I affirmatively state that my child is in good health and has no known physical or mental conditions which would impair or restrict his/her participation in the activity. Pertinent general medical information and conditions concerning my child are as follows:

(Please list disabilities, allergies, health or activity limitations, etc.)

In the event my child suffers sudden illness, accident, or injury, **I give permission and authorize Sponsor to provide emergency aid and to provide or authorize such emergency transport and medical treatment that is deemed necessary by a paramedic, emergency medical technician, physician, or dentist (health professional).** In the event hospital treatment is deemed advisable by the health professional, and Sponsor is unable to reach the parents or legal guardian or the emergency contact listed below, I authorize the hospital or urgent care facility most assessable at the time of accident or during the illness to administer any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital or temporary emergency care which is deemed advisable and may be rendered un the general and special supervision of any physician and surgeon on the medical staff of said hospital or emergency care facility, whether such diagnosis or treatment is rendered at the hospital or emergency medical facility or at the office of the physician.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of Sponsor, its agents and employees, to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned health professional in the exercise of his/her best judgment may deem advisable.

Family physician – Health Care Organization _____
Phone () _____

Emergency Contacts:

1. Name _____ wk phone () _____ hm phone () _____
2. Name _____ wk phone () _____ hm phone () _____

Medical Insurance Company/HMO: (if other than above):

Policy No: _____ Phone () _____

Print Name _____ Relationship to Minor _____

Signature _____ Date: _____