

PARTICIPANT'S NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

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**PARENT'S & PARTICIPANT'S CODE OF ETHICS ---MEDICAL RELEASE FORM**

**PARENTAL MEDICAL & PHOTO/VIDEO REALEASE:**

I/We agree that any Midwest Cheer/Dance event involves vigorous athletic activities and may include stunts, mounts, gymnastics, jumps, turns and dances. Due to the nature of the activities, I/We understand that the possibility of injury does exist, as with any activity. If I/or We are not in attendance at the event, I/We authorize the staff of Midwest Cheer/Dance to seek treatment for injury or illness of my/our child while a participant and also authorize the physician and /or hospital near the event to perform treatment to any injury or illness to my/our child. I/We authorize payment of treatment, either personally or through our insurance, for costs incurred form an injury or illness. I/We will not hold Midwest Cheer/Dance responsible for any illness of injuries.

\*\*\*\*\*Midwest may use photos or videos of participants in our competitions for promotional reasons ---  
By signing this you also agree to let Midwest use any photo or video/dvd of your child for promotional purposes.

My son and or daughter and myself have read the code of conduct and agree to adhere to those rules. We also agree to the PARENTAL MEDICAL & photo RELEASE STATEMENT.

\_\_\_\_\_  
PRINTED NAME OF PARENT OR GAURDIAN

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE