

# Champion Cheer Athletics

5715 Coopers Ave, Unit #1, Mississauga, ON

## MEDICAL TREATMENT AUTHORIZATION AND LIABILITY RELEASE

I \_\_\_\_\_ have chosen to participate in the activity of cheerleading at Champion Cheer Athletics located at 5715 Coopers Ave, Unit #1 in Mississauga, ON. I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity, which may involve inversion and rotation of the body, there is a possibility that I may sustain physical illness or injury (minimal, serious, or catastrophic) in connection with my participation. I further acknowledge and understand that I am assuming the risk of such physical illness or injury by my participation and I release the employees and agents of Champion Cheer Athletics from any claims for personal illness or injury that I may sustain during participation in this activity.

I further understand that Champion Cheer Athletics has established rules and regulations pertaining to conduct, behaviour, and activities of all athletes and cheerleading participants, by which I must abide by during participation in this activity. I accept the responsibility for failure to abide by those rules and regulations.

In order that I may receive the necessary medical treatment in the event that I sustain injury or illness during participation in this activity, I hereby authorize the cheerleading coach or other supervising adult to obtain medical treatment for me for such an injury or illness during the activity, and I hereby hold harmless the employees and agents of Champion Cheer Athletics in the exercise of authority.

I have read and understand this Medical Treatment Authorization and Liability Release.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (if under 18)

\_\_\_\_\_  
Date

Emergency Contact (& relation): \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Email address: \_\_\_\_\_