



**PLATINUM
FORCE**
athletics

MEDICAL RELEASE FORM

Athlete/Participant Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Date of Birth: ____/____/____ **Age:** _____ **Phone:** _____
Special Medical Conditions: _____
Parent/Guardian Name: _____
Parent Email: _____

I, _____ (parent/guardian) grant permission for
_____ (participant) to participate in the activities offered by Platinum Force Athletics.

I understand by the nature of the activity; cheerleading and tumbling carry a risk of physical injury. No matter how careful the participant and coaches are, how many spotters are used, or what landing surface is used, the risk cannot be 100% eliminated. The risk of injury includes, but is not limited to, minor injuries as well as catastrophic injuries. I understand these risks and do hereby waive, release, absolve, indemnify, and hold harmless Platinum Force Athletics, or any of its personnel for any claims arising out of injury to the athlete that may occur at any time during any cheerleading or tumbling function that Platinum Force Athletics is involved in.

I expressly agree and promise to accept and assume all of the risks, known and unknown, in connection with Platinum Force Athletics activities, including but not limited to the performance of stunts and tumbling and the use of trampolines and spring floors. I elect for myself and my children to participate in such activities in spite of the risks.

I further agree that if, despite this release, I will indemnify, save, and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage, or costs that may be incurred as a result of any such claim.

In an emergency, I grant Platinum Force Athletics and its personnel, to have authority, at my expense, in the event that I can't be reached, to authorize medical treatment. I verify that the student has passed a medical exam within the last 12 months and is capable of participating in the activities of cheerleading and tumbling. I certify that my child has health, accident, and liability insurance to cover bodily injury or property damage that may be caused or suffered while participating in this event or activity, or else I agree to bear the costs of such injury or damage to my child. I certify that I am willing to assume and bear the costs of all risks that may arise or be created, directly or indirectly, through or by any such condition.

I have chosen to allow my child to participate in activities at this organization of my own free will and choice.

Name of Participant _____ **Date** _____

Name of Parent _____

Signature of Parent or Guardian _____ **Date** _____