

**THE ANNUAL
BERKS AREA YOUTH CHEERLEADING LEAGUE
MEDICAL & LIABILITY WAIVER**

I _____ as the parent or legal guardian of _____ (hereinafter "Minor"), hereby grant the permission necessary to allow the Minor to participate in the above event to be conducted by the Hamburg Youth Football and Cheerleading Association at Hamburg High School. I acknowledge and agree, on my own behalf and on behalf of the Minor, that such participation bears the risk of physical illness or injury (minimal, serious, catastrophic and/or death). I, on my own behalf and on behalf of the Minor, acknowledge that the Minor is assuming the risk of such illness and/or injury by participating in the above event. In the event of such illness or injury, I authorize Hamburg Youth Football and Cheerleading Association and/or medical professional hired by HYFCA to obtain necessary medical treatment for the Minor and hereby, on my own behalf and on behalf of the Minor, release and hold harmless the Hamburg Youth Football and Cheerleading Association, Hamburg Area School District and its respective directors, officers, representatives, members, agents and employees, the hosting site and their respective affiliates (hereinafter collectively "Releases") in the exercise of this authority. I further acknowledge and understand that I will be responsible for any and all medical related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the above-mentioned event and while travelling to and from the site of the event. I, on my own behalf and on behalf of the Minor, agree to release and hold harmless the Releases from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses arising out of or connected to the above-mentioned event, including any claims arising out of or connected with any illness of injury that the Minor may incur or sustain.

I further agree to indemnify and hold harmless Releases and Release's heirs, successors, assigns, executors and administrators against loss from any further claims, demands, or actions that may subsequently be brought by the Minor or by any other person or persons on account of the Minor. I further agree to reimburse and to make good to any Releases any loss, damages, or costs they may have to pay as a result of any such action, claim or demand.

I represent that any medication to which the Minor is allergic or is currently taking are listed below. I agree that the Minor shall bring any medications which the Minor is currently taking with him/her to the above mentioned event and that he/she shall consume the prescribed dosage.

Medications (if any): _____

Allergic to (if any): _____

I, on my own behalf and on behalf of the Minor, hereby warrant that I have read this Medical and Liability Waiver in its entirety and fully understand its contents. I, on my own behalf and on behalf of the Minor, am aware that this Medical and Liability Waiver, releases from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury and/or illness. I, on my own behalf and on behalf of the Minor, further acknowledge that nothing in this Medical and Liability Waiver constitutes a guarantee that the above mentioned event will occur. I, on my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Participant Name: _____ **Parent Name:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

School/Team Name: _____ **Coach:** _____

Emergency Contact: _____ **Phone:** _____

Insurance Carrier: _____ **Policy Number:** _____

Insurance Carrier Address: _____

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