

2008 Gloucester HS James Speed Camp Medical / Liability Release

I, the undersigned parent/guardian, do hereby grant permission for my daughter/son, whose name is

_____ and hereinafter shall be referred to as a "participant" in the 2008 James Speed Cheerleading Camp, sponsored by chEARMusic, held at Gloucester High School, in order that said participant may receive any necessary medical treatment in the event of an injury or illness. I hereby hold Speed Camps, chEARMusic, the City of Gloucester, Gloucester High School, all their agents, servants and representatives harmless for any and all acts or omissions occasioned by them during the said James Speed Cheerleading Camp conducted by Speed Camps.

I further agree to indemnify said Speed Camps, chEARMusic, the City of Gloucester, Gloucester High School, all their agents, servants and representatives for any amounts they are required to pay on my behalf as a result of any act or omission occasioned by them during said camp.

Participant Signature

Parent/Guardian Signature

Emergency Phone# _____ Date _____

IN CASE OF EMERGENCY CALL:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home# _____ Cell# _____ Business# _____

Doctor's Name _____ Doctor's# _____

Insurance Carrier _____ Policy# _____

List any allergies _____

In the event of accident or sickness requiring immediate treatment, I request that every effort be made to contact me directly. If I cannot be reached, I give authorization to the staff at the said camp to make appropriate arrangements for treatment.

Signature _____ Date _____