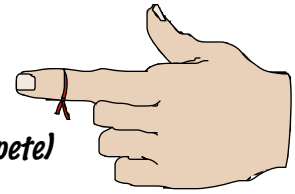


MEDICAL and LIABILITY RELEASE FORM
Oakmont Cheer & Stunt Competition
(EVERY participant MUST turn in signed release to compete)



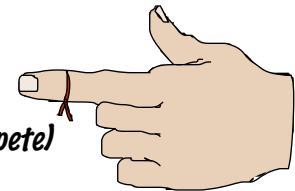
Name: _____ School/Team: _____
Complete Address: _____
Phone: _____
Insurance Company: _____ Policy #: _____
Family Doctor: _____ Phone: _____
Medical Allergies: _____
In case of emergency contact: _____ Phone: _____

I, as parent or legal guardian give permission for my child _____
to participate in the Oakmont Cheer & Stunt Competition. I give permission to hospital/paramedic staff to
administer immediate treatment to my son/daughter should he/she become ill or injured. In addition,
I waive and release Roseville Joint Unified High School District from any and all claims and causes of action arising
from or concerning any and all injuries, illness, losses or damages of any kind which my child or I may have as a
result of or in connection with my child's participation in the Oakmont Competition, and/or travel to and from the
event.

Parent Signature: _____ Date: _____



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