

ADULT RELEASE

(to be completed by all coaches, guests, or participants over 18)

North American Spirit

(586) 281-3372

(586) 281-3373 fax

email: info@northamericanspirit.com

www.northamericanspirit.com

I, _____, wish to participate in any North American Spirit LLC event. In order that I may receive the necessary medical treatment in the event of injury or illness, I hereby hold the event's staff and representatives harmless in the exercise of this authority. I further acknowledge and understand that certain cheerleading activities have inherent risks and that cheerleading activity can be dangerous, especially if the participant fails to follow established guidelines. I further agree to hold harmless North American Spirit LLC including its members, directors, contractors, and staff for any injury or illness incurred during the course of the event. I hereby grant permission to North American Spirit LLC to use my image or video on its website or in other official publications without further consideration, and I acknowledge the right of North American Spirit LLC to crop and treat the image/video at its discretion. I have read the camp information and payment information and agree to the rules and procedures stated therein.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: (____) _____ - _____

Emergency contact: _____ Phone: (____) _____ - _____

Team: _____

Date of birth: _____

Medical insurance company and policy # (required) _____

Allergies: _____

Medications currently taking: _____

Pre-existing medical condition which we should be made aware:

Current activity restrictions (if any): _____

Signature: _____ Date: _____

Adults, Coaches, and Guests may NOT participate without a completed release form!