

Medical Treatment, Liability Release, & Appearance Agreement for JAMZ American Spirit Connection, Inc.

PARENT/GUARDIAN... Please read the following and print clearly:

An Agreement of Compliance Form must be read and signed for each participant in order to participate in a JAMZ event. This form is valid for any JAMZ event conducted from 05/31/2010 - 02/28/2011. This form MUST be filled out completely. Please photocopy this form and retain for your records. This form is valid for JAMZ Championship Events. **DO NOT FAX THIS FORM. IT MUST BE MAILED TO THE JAMZ OFFICE.**

Participant's First Name: _____ Last Name: _____

Team/Organization/School: _____

Date of Birth: ____/____/____ 2010 Grade Level: _____ Gender (circle one): _____ F M Event Dates: _____ **TBD by MVL**

Event Location: _____ **TBD by MVL**

MEDICAL HISTORY OF STUDENT/PARTICIPANT... Check the appropriate box. When applicable, please provide details.

Yes No Allergies _____

Yes No Asthma _____

Yes No Convulsions _____

Yes No Diabetes _____

Yes No Migraine Headaches _____

Yes No Heart Trouble _____

Yes No Pre-Existing Injury _____

Yes No Medical Conditions Currently Under Treatment _____

Yes No Medications Currently Taking _____

Yes No Other _____

THE LEGAL DETAILS... Please read and initial each section.

Every student/participant is required to submit an **Agreement of Compliance** in order to participate at any JAMZ Cheer & Dance Camp and/or Clinic. **(INITIALS) - My initials confirm that I have read and understand each statement listed below.**

A. I understand that by taking part in any JAMZ event there is a possibility of injury or sickness to my daughter/son. However, with this knowledge I give permission for my daughter/son to participate in a JAMZ event and do hereby grant permission to Emergency Medical members to administer immediate treatment to my child should she/he become injured or ill.

B. I also agree to hold harmless JAMZ American Spirit Connection, Inc., and their respective officers, directors, employees, agents, contractors, subsidiaries, affiliates and parent companies for any injury incurred as a result of my daughter's/son's participation in the JAMZ event even if it is shown that they are negligent.

C. I give JAMZ American Spirit Connection, Inc. and its associates the right to film, photograph, or video tape my daughter/son for any reproductions associated or in any way connected with said televised or filmed event; in particular, reproduction for use in any form of advertisement for JAMZ and its associate's promotional purposes.

D. By signing this form in the space below, I am stating that I have read this form thoroughly, filled it out completely and accurately, and I understand and will adhere to all statements listed above.

Parent's/Guardian's First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Insurance Carrier: _____

Policy/Group #: _____ Insurance Phone: () _____

Signature _____ Date _____