

# 2025 Alpine Ascent Cheer Competition

Medical Release & Appearance Form PLEASE PRINT CLEARLY

Participants Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guardians Email: \_\_\_\_\_

School/Team Name: Eastside Dream Elite Coaches Name: Anne Christiansen

Parent or Legal Guardian: \_\_\_\_\_

Undersigned parent or legal guardian, I do hereby grant permission for my son/daughter to participate in the 2025 Alpine Ascent. I further acknowledge and understand and agree that by participating in this tournament there is a possibility of physical illness (minimal, serious, and catastrophic) and that my son/daughter is assuming the risk of injury by participating. I authorize any representative of RHS, or the event party to consent and authorize any medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel for my son/daughter, which may become necessary. I understand I will be notified as soon as possible in the event of an emergency. I understand and agree that all expenses of such treatment are my responsibility. I agree to protect, defend and hold harmless RHS, including its staff, employees, and sponsor from and against any and all claims, demand, losses, suits, liabilities, costs, or other damages including court costs and attorney fees, arising from any injury to or death of son/daughter's participation.

## Regulations

- No Smoking, alcohol consumption or use of illegal drugs.
- RHS reserves the right to discipline any participant for unruly behavior or for conduct unbecoming to the event.
- Participants must respect all venue, campus and facility rules and regulations.
- Participants must obey all rules and regulations set forth by the event. I have completely read and understand the above release and rules/regulations.

Signature of Participant: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Medical Insurance Company/Policy: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_