

2025 Great Northern Medical Consent/Liability Waiver Form

Team Name	Athlete's Name
Parent/Legal Guardian	Athlete's DOB
Parent/Guardian Phone	Other Emergency Contact and Phone
Health Insurance	Policy #
Allergies/Medical Considerations	Current Medications

I, the undersigned parent or guardian, do hereby grant permission for my daughter/son,

_____, to participate in the activity of cheerleading or dancing at the Great Northern Cheer and Dance Competition held at Carroll College on April 5-6, 2025. In order that my son/daughter may receive the necessary medical treatment in the event he/she may sustain injury or illness during participation in the activity, I hereby authorize the competition director or other supervising adults to obtain medical treatment for my daughter/son for such injury or illness during the activity. Additionally, I hereby hold Helena Athletic Club, Inc., Mustangs Cheerleading, Carroll College and the Diocese of Helena and its representatives harmless in the exercise of authority.

I understand that this activity involves risk, potentially serious and/or catastrophic due to the nature of this activity, which involves rotation or inversion of the body and that there is a possibility that my son/daughter may sustain physical illness or injury (minimal, serious, or catastrophic) in connection with his/her participation. I further acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation. I release Helena Athletic Club, Inc., Mustangs Cheer Booster Club, Carroll College and the Diocese of Helena from any claims for personal illness or injury that my son/daughter may sustain during participation in this activity.

I further understand that the competition director and its managers have established rules and regulations pertaining to conduct, behavior and activities of all students and cheerleading/dance team or specialty participants, by which my son/daughter must abide by during participation in their activity. My son/daughter and I will be responsible for his/her failure to abide by those rules and regulations.

My son/daughter and I have read, understood and agree to the above Medical Consent and Liability Waiver Form.

Parent/Guardian Signature Date