

# 2026 Great Northern Medical Consent/Liability Waiver Form

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

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 11-12, 2026. 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.

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Parent/Guardian Signature Date