



**2010**

## Medical Release Form

### *Medical Treatment & Release of Liability*

**Each Participant Must Sign and Complete This Form for each event.**  
**Forms Must Be Turned in at Registration with a Medical Release Roster**

I, the undersigned parent or legal guardian, grant permission for my daughter/son \_\_\_\_\_ hereinafter referred to as "participant", to participate in the **SHARP International**. In order that participant may receive the necessary medical treatment in the event of an injury or illness. I hereby agree to any such medical treatment and hold **SHARP International** and its representatives harmless in the exercise of this authority. I acknowledge and understand that participant may sustain serious, catastrophic physical injury, illness and/or death by participating in the **SHARP International**. I further assume the risk of such injury, illness and/or death and agree to participation.

I agree to indemnify and hold harmless the school/park and **SHARP International** including but not limited to all representatives, all staff personnel, and all administrators and/or the theme park, for any injury, illness, and/or death sustained by participant during the course of the competition. I further release **SHARP International** from any medical and legal cost which may arise due to injury, illness and/or death sustained by participant.

### **PLEASE CIRCLE THE EVENT THAT YOU WILL BE PARTICIPATING IN**

**School Event   L.A. Clippers Game   Knott's Berry Farm**  
**Las Vegas Cashman Center   San Diego Convention Center**  
**Sheraton Suites, Pomona Fairplex Camp Private   Day Camp at your site**

Participant's Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

School/Studio: \_\_\_\_\_ Age: \_\_\_\_\_

Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Emergency Phone: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy#: \_\_\_\_\_

Known Medical Conditions: (Seizures, Epilepsy, Diabetes, Etc.): \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list on the backside of this form, any medication this participant is allergic to or is currently taking. If participant is on any medication, please make sure they bring their medication and take the prescribed dosage needed.

**Bring This Paper to the Event, Please DO NOT FAX or MAIL this form to us**



## Medical Release Roster

**Attention: Advisor/Coaches**

**Please list all Performers participating in event below.**

**This form MUST be turned in at registration along with all medical release forms for the Participants listed below.**

***Team Name:***

\_\_\_\_\_

**Advisor Name:** \_\_\_\_\_

**Names of ALL Participants (Only Those Listed will be eligible to participate)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_
21. \_\_\_\_\_
22. \_\_\_\_\_
24. \_\_\_\_\_
25. \_\_\_\_\_

**Additional Roster Sheets May Be Completed as Needed**