

NRG MEDICAL RELEASE AND APPEARANCE FORM

This must be turned in before or on the day of the event in case of emergency.
(This is specific to the event and is NOT good for the entire season)

Name of NRG Event Date of NRG Event
Location of Event
School/Group Participant's Name
Home Address City/State/Zip
Home Telephone Date of Birth
Mother's Name Day Phone
Father's Name Day Phone
If parent cannot be reached, please contact Phone
Health Insurance Company Policy Number
Family Doctor Doctor's Number

Liability Release: For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, as parent or legal guardian of, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above Event to be conducted by NRG Dance and Cheer Productions ("NRG").

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Liability Release releases Releasees from Liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness.

Signature of Parent or Legal Guardian: X Date:

Supervision: A chaperone/adult (age 21 and over) is required to attend with participants. This chaperone will be responsible for the participant at all times. NRG is not responsible for participants; supervision.

Appearance Agreement: I understand that NRG from time to time produces promotional material relating to its programs. I understand that as participant and/or a spectator at the Event that Minor may be included in videotapes, DVDs, podcasts and videocasts or photographs taken during the Event.

Medical Release: I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participation in the event.

I represent that any medication to which minor allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Event and that he/she shall consume the prescribed dosage for such medications:

Medications (if any):

Allergic to (if any):

I acknowledge that the Minor suffers from the following conditions:

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness.

Signature of Parent or Legal Guardian: X Date:

Relationship to Minor: Minor's Birthdate:

I, identified above as Minor, acknowledge that I have read this Release and Waiver Form:

Signature of Minor: X Date: