

ATHLETIC INSURANCE WAIVER

To whom it may concern

I, the undersigned, being the parent, legal next of kin, or legal guardian of:

Name: _____ Age _____ School _____

Hereby accept the responsibility for any injury he/she may receive at the Van Wert County Fair's Cheerleading Invitational and authorize any necessary medical treatment.

I also accept the responsibility of insurance coverage as listed below:

1. _____ We have our own insurance.
Name of Company _____
Policy Number _____
2. _____ He/She has school insurance.
3. _____ We do not have insurance coverage; therefore, we are totally responsible for payment.
(Physician, Hospital, x-ray, lab, ect.)

In regard to such person, I submit the following:

1. Allergies to foods, medications, stings, etc. (If none, state so):

2. Special medical problems. (If none, state so) _____

3. Does participant carry medications ? (If non, state so) _____

4. Family Physician _____ Phone _____

5. Parent's Name _____

Parent's Signature

Home Phone # _____

Date: _____