



**VAN WERT COUNTY FAIR
CHEERLEADING INVITATIONAL
ATHLETIC INSURANCE
WAIVER**

Print or copy one waiver for each participant to complete.

Make copies of ALL signed forms and bring along on the day of the event to verify eligibility. **Send originals with application.**

*A waiver **MUST** be filled out for each participant and signed by participant's parent or guardian.*

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

Name:	Age:	School:
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HEREBY ACCEPT THE RESPONSIBILITY AND RELEASE THE LIABILITY OF THE VAN WERT COUNTY AGRICULTURAL SOCIETY AND ITS EMPLOYEES, AGENTS, REPRESENTATIVES AND VOLUNTEERS FOR ANY AND ALL INJURY he/she may receive at, or as a result of, the Van Wert County Fair's Cheerleading Invitational and authorize any necessary medical treatment. I understand cheerleading, tumbling, jumping, and mounting are dangerous and may cause severe injury to my son/daughter and I release all liability of the above mentioned group. I also accept the responsibility of insurance coverage as listed below and confirm the stated medical issues below:

Initial Box	SECTION 1 --- Insurance Coverage	
	Participant has own insurance coverage. (Provide Policy Information)	Insurance Provider Name: Insurance Policy #:
	Participant has school insurance.	
	Participant has NO insurance coverage. Therefore, parent/guardian is <u>totally</u> responsible for payment of all medical costs. (Physician, hospital, radiology, laboratory, pharmacy, etc)	
SECTION 2 --- In regard to participant, I submit the following medical information:		
Allergies to foods, medications, stings, etc: (If none, so state)		
Special medical problems or conditions: (If none, so state)		
Medications participant carries on person: (If none, so state)		
Participant Primary Medical Care:		
Physician Name:		Physician Phone #:
SECTION 3 --- Parent/Guardian Contact Information		
Parent/Guardian Names:		
Father Home Phone #:	Father Business Phone #:	Father Cell Phone #:
Mother Home Phone #:	Mother Business Phone #:	Mother Cell Phone #:

Parent/Guardian Signature: _____

Date: _____