

1055 S. WASHINGTON ST.
VAN WERT, OH 45891



PHONE: (419)238-9270

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 original copies in with the application. A waiver must be filled out for each participant and signed by participants 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 Number:
	Participant has school insurance.	
	Participant has no insurance coverage. Therefore, the parent/guardian is totally 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 food, 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)		
Participants Primary Medical Care:		
Physician Name:		Physician Phone:
Section 3 — Parent/Guardian Contact Information		
Parent/Guardians Names:		
Mothers Cell Phone #:		Fathers Cell Phone #:

Parent/Guardian Signature: _____ **Date:** _____