

# HEALTHY SPIRIT, LLC MEDICAL RELEASE FORM

## PARTICIPANT

Full Name \_\_\_\_\_

## MEDICATIONS

List any medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medications currently administered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACTS

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

## MEDICAL RELEASE

I, \_\_\_\_\_, give my child (name printed above under "participant"), permission to participate in private lessons with any staff member of Healthy Spirit / Capital Cheer. To my knowledge my child has no physical restrictions that would inhibit her/him from this activity. I further acknowledge and understand that by participating in this type of physical activity my child may sustain physical illness or injury (minor injury or catastrophic injury). I also acknowledge and understand that I am assuming the risk of such physical illness or injury, and I further release Capital Gymnastics, Healthy Spirit LLC, and all of their representatives from any claims for personal illness, injury or even death that my child may sustain during this activity. In the event that my child is injured, needs immediate medical attention, and I cannot be reached, I give Capital Cheer Staff my permission to authorize transportation to the nearest medical center for medical attention and I will assume the costs of such transportation & medical attention.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

