

**MEDICAL TREATMENT AUTHORIZATION
AND LIABILITY RELEASE
PERMISSION FOR PICTURE PUBLICATION**

I, the undersigned parent of guardian, do hereby grant permission for my daughter/son, _____, to participate in the activity of cheerleading at the Lutheran Schools Cheerleading Festival on March 7, 2009. In order that my daughter/son may receive the necessary medical treatment or illness during participation in this activity, I hereby authorize the cheerleading coach or other supervising adult to obtain medical treatment for my daughter/son for such injury or illness during the activity, and I hereby hold the Lutheran Schools Cheerleading Festival, St. Paul Lutheran School, and its representatives harmless in the exercise of authority.

I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity, which involves inversion and rotation of the body, there is a possibility that my daughter/son may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with her or his participation. I further acknowledge and understand that my daughter/son is assuming the risk of such physical illness or injury by her/his participation, and I further release Lutheran Schools Cheerleading Festival, St. Paul Lutheran School, and its representatives from any claims for personal illness or injury that my daughter/son may sustain during participation in this activity.

I further understand that Lutheran Schools Cheerleading Festival has established rules and regulations pertaining to conduct, activities, and safety guidelines of all cheerleading participants, by which my daughter/son must abide during participation in this activity, and that my daughter/son and I will be responsible for her/his failure to abide by those rules and regulations.

My daughter/son and I have read and understood the above Medical Treatment Authorization Liability Release.

SIGNATURE OF PARENT OR GUARDIAN

DATE

PARTICIPANT'S SIGNATURE

DATE

I give permission that my child's picture or pictures and name may be published in local newspapers or Lutheran Life.

SIGNATURE OF PARENT OR GUARDIAN

DATE