

Arizona State University Cheerleading

P.O. Box 872505 - Tempe, AZ 85287-2505

MEDICAL CONSENT FORM

I/We, the undersigned, consent to and authorize any medical professional and others working under their supervision to treat _____ for any injury or illness arising from or related to my participation in the **2002 Co-ed Stunt Clinic**. I/We further agree to pay any and all such medical expenses, costs and other charges and to release and discharge and hold harmless the Arizona State University and Tempe High School, its officers, employees, agents, and assigns from and against any liability or any claims or demands arising from or connected with such medical treatment or care.

IN CASE OF EMERGENCY:

First Person to contact _____
Telephone No. _____

Second contact _____
Telephone No. _____

Physician contact _____
Telephone No. _____

Signature of Parent(s)/Guardian(s)

Date _____

Print Name(s)