

Cyclone Gymnastics Release Form

Name of Participant (print full legal name) _____
Birth Date _____ Gender ☐ Male ☐ Female
Parent/Guardian _____
Emergency Phone Number _____

Release and Medical Authorization

The release and the treatment authorization must be signed by a parent or guardian if the participant is under 18 years old. Participants who are 18 years old or will turn 18 years old before the beginning of a session must also sign. **In order for students to participate in Cyclone Gymnastics activities, this form must be signed and on file prior to participation. This release will cover all classes from June 08-June 09.**

Physician's Authorization to Participate

This is to certify that this individual was examined by me on _____ (must be within one year of camp) and that I found this individual to be physically able to participate in vigorous physical and competitive athletic sports. (School physical form may serve as the physician's authorization if valid within one year of the starting date of camp.)
Allergies/Drug sensitivities _____ Other medical problems/current medications _____
Is an identification band or card carried to alert others to any allergies, medical conditions, or medication use? ☐ Yes ☐ No

Physician's Signature _____ Date _____
Address _____ Office Phone _____

Release of Liability to Participate

In consideration of Cyclone Gymnastics and of Iowa State University granting the student permission to participate in Cyclone Gymnastics, I hereby assume all risks of his or her personal injury (including death) that may result from any Cyclone Gymnastics activity. As either a Student or Parent/Guardian, I do hereby release the State of Iowa, Board of Regents of the State of Iowa, Iowa State University, Cyclone Gymnastics and their officers, employees, agents from all liability, including claims and suits at law or in equity, for loss, damage or injury, fatal, or otherwise which may result from the student taking part in Cyclone Gymnastics activities.

Parent's/Guardian's Signature _____ Date _____
Student's Signature (if 18 or older) _____ Date _____

Medical and Surgical Authorization

In addition, I hereby authorize and give my consent to the health authorities of Iowa State University or any licensed health professional to perform upon or administer any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological treatment, parent authorization for treatment beyond that responsive to the emergency will be requested. I agree to assume all costs related to such treatment. I also authorize the disclosure of medical information to my insurance company for purpose of claim. I understand that I will be responsible for any medical or other charges in connection with student's attendance in Cyclone Gymnastics Camp. (Each camper must provide his/her own medical insurance.)

Parent's/Guardian's Signature _____ Date _____
Student's Signature (if 18 or older) _____ Date _____

Insurance Information (please print)

Name of Insured _____
Insurance Company _____
Insurance Co. Address _____
Insurance Co. Phone # _____
Policy # _____ Group # _____
Does your insurance carrier require prior approval? ☐ Yes ☐ No