

Hillsborough Raiders Cheer Booster Club, Inc
2025 Fall

MEDICAL & LIABILITY RELEASE FORM

Cheerleader's Name: _____ Date of Birth: _____

Insurance Company: _____

Policy Number: _____

Please list any medical conditions and/or allergies below:

I, _____, acknowledge my child, _____, is being registered for the Hillsborough High School Youth Cheerleading Clinic. As such I give my child permission to participate in the Hillsborough High School Youth Cheerleading Clinic. I give consent that, should an accident/injury occur, my child will be taken to a medical facility and treated, if necessary. By signing this document, I release Hillsborough High School, the HHS Cheerleading Coaches/Staff, and the HHS Athletic Department from liability for any injuries sustained through participation.

Parent's/Guardian's Name (Please Print) _____

Parent's/Guardian's Signature _____ Date _____

PHOTO RELEASE

Hillsborough High School Cheerleading may place photographs of any of child registered in the Hillsborough High School Youth Cheer clinic under the website designated HillsboroughCheerleading.com or HHS Cheer affiliated Social Media accounts.

I understand that these photographs may be put on the HHS Cheerleading website, used for print and electronic media for the benefit of the parents, students and community and release the Hillsborough High School Cheerleaders, Hillsborough High School Cheer Booster Club, Hillsborough Board of Education, and any of its assignees from any and all claims of damages for libel, slander, invasion of privacy or any other claim based on the described use of these images of my child.

Names will never be included with photos posted to the website or any media outlets. In the event that you want any image removed it will be done within 48 hours of notification.

I authorize this as the parent or legal guardian knowingly as his/her parent or legal guardian of your intent and grant Hillsborough High School Cheerleading the right to take and place photographs of my child on the website HillsboroughCheerleading.com or HHS Cheer affiliated Social Media accounts.

Parent's/Guardian's Name (Please Print) _____

Parent's/Guardian's Signature _____ Date _____