

Coastal Georgia Athletics, Inc

1303 Grant Street, Brunswick, Georgia 31520
CGAcheer.com (912) 230-9130



Medical Waiver and Release

Participant's Name: _____ Date of Birth: ____/____/____

How did you find out about us? _____

Parent /Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Other Phone: _____

E-mail (checked regularly): _____

Insurance Carrier: _____ Policy #: _____

Any medications allergic to: _____

Previous Injuries/Medical Conditions: _____

Emergency Contact: _____ Phone: _____

I, the undersigned Parent/Guardian/Participant do hereby give consent for my child/self to participate in the training and activities provided by Coastal Georgia Athletics, Inc. I am fully aware of the nature of the activities involved and the possibility of injuries and/or death, which may arise from such activities. In case of illness, injury and/or death that may arise directly or indirectly as a result of participation and/or travel to or from the activity or training (i.e. clinic, camp, out of town activities or events), I do hereby grant my permission to Coastal Georgia Athletics, Inc to seek immediate treatment for myself or child should I/he/she be injured. I hereby release Coastal Georgia Athletics, Inc, including its officers, shareholders, agents, coaches, contractors and employees from any liability to the above named participant, or any person claiming through him/her, arising from injury to the person or property of the above-named participant. This release includes any claims of negligence, and is intended to be as broad as permissible under Georgia law. I authorize Coastal Georgia Athletics, Inc to use photographs, video, and/or other likenesses of myself or my child for use in its promotional materials or sales and waive any rights of compensation or ownership thereto.

Parent/Guardian/Participant Signature

Print Name

Date