MEDICAL & LIABILITY RELEASE

I,consideration of the opportunity and Competition, I, the undersignative, release, and hold harmle Football Programs, as well as a chaperones/drivers, and parent	y to participate in the Milt gned parent/guardian of ess the Fulton County So any of their board membe	ton Junior Eagles Cheer F chool District, the Milton J ers, coaches, team paren	, do hereby unior Eagles Cheer and ts, volunteers,
of participation in the Milton Jurand carpool.		, ,	
I give any Milton Junior Eagles permission to seek medical atte permission to administer immedevent of a serious and/or life-th facility.	<mark>ention for</mark> my child in cas <mark>diate treatm</mark> ent to my chi	e of emergency. <mark>I grant e</mark> ild, should they be injured	mergency medical staff . I understand that, in the
I understand that my child must health insurance, I assume full for any allergies, medical condi to be accessible by the MJE Ch team roster, private share webs	responsibility, financial o tions, &/or health concer neer Program, including t	or otherwise. As a safety properties of the construction of the co	precaution, I give permission program during registration
Signature		Date	