

University of Delaware Cheerleading Program Tryout Consent Form

Risks/Precautions: The athleticism of cheerleading has obvious risks. I am aware of the risks involved with co-ed stunting, gymnastics, and cheerleading. I will take all of the necessary precautions of warming up and stretching before participating in the University of Delaware tryouts on May 8-9, 2009.

Waiver of Liability: If an accident should occur, we (I) will take full responsibility for any medical supervision or care that may be necessary and will not hold the University of Delaware or the University of Delaware Cheerleading Team or Coach responsible for any financial compensation due to an injury incurred during the University of Delaware Cheerleading tryouts. Further, I will follow the rules governing the current University of Delaware Cheerleading Team in that I will not consume any alcoholic beverages, nicotine, or non-therapeutic drugs on the days of this event.

I have read the above information in it's entirety. I understand that the University of Delaware and the University of Delaware Cheerleading Team are not liable for any injuries sustained during this event. I hereby give my consent to participate in the University of Delaware Cheerleading Tryouts.

Insurance Information: Name of Insurance Company: _____

Policy Number: _____

I certify that I am covered by the above listed insurance company by signing below.

Participants Signature: _____

Parents Signature (If participant is under the age of 18)

Witness' Signature (must be signed by a witness): _____

Date: _____