

**THE UNIVERSITY OF DELAWARE CHEERLEADING / DANCE TEAM PROGRAMS
TRYOUT CONSENT FORM
(HIGH SCHOOL SENIORS)**

Participant Name: _____ Date of Birth: _____
Month/Day/Year

Participant's Risk/Precautions

The athleticism of cheerleading and dance has obvious risks. I am aware of the risks involved. I will take all of the necessary precautions of warming-up and stretching before participating in the University of Delaware Cheerleading or Dance Team tryouts on April _____.

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 / Dance Team or Coach responsible for any financial compensation due to an injury incurred during the University of Delaware Cheerleading / Dance Team tryouts. Further, I will follow the rules governing the current University of Delaware Cheerleading / Dance Team in that I will not consume any alcoholic beverages, nicotine, or non-therapeutic drug (s) the days of the event.

I have read the above information in its entirety. I understand that the University of Delaware and the University of Delaware Cheerleading / Dance Team are not responsible for any injuries sustained during this event. I hereby give my consent to participate in the University of Delaware Cheerleading / Dance Team 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: _____

Parent's Signature (If participant is under the age of 18): _____

Witness Signature (Must be signed by a witness): _____

Today's Date: _____