



MISERICORDIA UNIVERSITY

Participant Release Form – Summer 2010

Participant Information:

Participant's Name: _____ Age: _____

Address: _____ Date of Birth: _____

_____ Phone #: _____

Mother's Name: _____ Phone #: _____

Father's Name: _____ Phone #: _____

Please list any allergies, medications, or pre-existing injuries:

Emergency Contact Information:

Contact Name: _____ Contact Number: _____

- Yes, I have submitted a completed physical form indicating that I am able to fully participate in Misericordia University's summer activities.
- Yes, I have included a copy of my insurance card (front and back) so that it is on file with the coaching staff and is easily accessible in the event I should require medical treatment.

I agree to the above person's participation in Misericordia University's activities relating to the cheer program during the summer of 2010. I waive, discharge, and forever hold harmless Misericordia University, its officers, directors, employees, volunteers and all other event staff from liabilities, claims, or demands resulting from participation in or usage of equipment.

I fully understand that my participation (or my child's participation) in this event involves risks and dangers that might result in injury, including permanent disability, paralysis, and death. I am aware that I (or my child) will be participating in physically demanding activities, and I note here that I (or my child if said participate is not 18 years of age) am qualified, in good health and in proper physical condition to participate in such activities. If at any time during the event I feel or my child feels conditions are unsafe, participation will be discontinued. In the event of an emergency, I authorize that medical attention be administered to the participant named above.

Participant's Signature

Date

Guardian's Signature (if participant is not 18 yrs. of age)

Date