



**MISERICORDIA UNIVERSITY CHEERLEADING PROGRAM
 SPRING EVALUATIONS
 Participant Release Form**

Participant Information:

Participant's Name: _____ Age: _____
 Parent's Name: _____ Date of Birth: _____
 Address: _____ Home Phone #: _____
 _____ Cell #: _____

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

Yes, I have submitted a completed physical form and I am able to fully participate in Misericordia University's spring evaluations.

Emergency Contact Information:

Contact Name: _____ Contact Number: _____

I agree to the above person's participation in Misericordia University's Spring Evaluations. 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

Permission is granted to use my son's/daughter's/ward's photograph in future brochures, advertisements or other literatures for events sponsored by Misericordia University's cheerleading program.

 Participant's Signature (or Guardian's signature if participant is under 18)

 Date