



MISERICORDIA UNIVERSITY
CHEERLEADING RELEASE FORM
Participant Release Form

Participant Information:

Participant's Name: _____ DOB: _____

Parent's Name: _____ Phone #: _____

Address: _____

Please list here any allergies or medial conditions that should be noted:

- Yes, I have received a physical and I have been determined to be physically fit and able to participate in cheerleading for the Spring of 2019

Emergency Contact Information:

Contact Name: _____

Contact Number: _____

I agree to the above person's participation in the cheerleading event hosted by Misericordia University, the Misericordia cheerleading program's cheerleaders and coaches. 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, Misericordia University's Cheerleading Tryout, 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