

MOREHEAD STATE UNIVERSITY
Cheerleading Waiver / Release Form

As the parent or legal guardian of _____,
Name of Son / Daughter

I agree to the following terms for participation with the MSU Cheerleading Program:

1. I grant permission for my son/daughter to participate in the Morehead State University Cheerleading try-outs / clinics / practice sessions / open gyms. I realize that cheerleading is an activity where physical illness or physical injury (minimal, serious, or catastrophic) can occur; therefore, any medical / accidental expenses or liability that possibly results from an illness or injury to my son/daughter during the Morehead State Cheerleading try-outs / clinics / practice sessions / open gyms will be my responsibility. I further acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and I further release Morehead State University and its representatives from any claims for personal illness or injury that my son/daughter may sustain during participation in this activity. My son/daughter is properly covered for any accident by the following insurance:

Insurance Provider / Policy Number

2. Morehead State University, its officers, regents, employees, and agents assume no responsibility for supervision of students outside of the try-outs / clinics / practice sessions / open gyms.
3. I hereby authorize the cheerleading coach, athletic trainer, or any other supervising adult to obtain medical treatment for my son/daughter for such an illness or injury during the activity.

My son/daughter and I have read and understood the above Morehead State Cheerleading Waiver and Release Form.

Parent / Legal Guardian Signature (if participant is under 18)

Date

Participant Signature

Date

Please send to:

Tony Nash / Spirit Coordinator
Morehead State University
150 University Blvd. Box 757
Morehead, KY 40351-1689