

Complete both sides for 8/3/19 UC Cheer Camp participant

CINCINNATI COLLEGE PREP CHEERLEADING CLINIC WAIVER

PLEASE READ ALL THREE SECTIONS OF THIS WAIVER FORM, SIGN IT IN THE APPROPRIATE PLACES, AND THEN BRING IT WITH YOU TO REGISTRATION.

CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

1. I understand that a risk of participating in any sport, including cheerleading at the University of Cincinnati, is the risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and to report fully any problems related to his/her physical condition to clinic coaches or assistants as soon as the problem begins.

2. By signing below, I certify the following:

--That my child is not currently under the care of a physician for an injury or illness that would prevent his/her safe participation in the clinic

--That my child is not currently being treated for or recovering from an orthopedic injury that would prevent his or her safe participation in the clinic

--That my child has no history of fainting or other problems related to strenuous exercise

--That my child is in good health and there is no reason he or he/she cannot safely participate in strenuous physical activity.

Parent/Guardian Signature _____ Date: _____

CONSENTS:

1. By my signature below, I hereby give permission for the University of Cincinnati and its employees and agents to obtain medical treatment for my child, _____, in the event of accident or illness during his/her presence at the clinic.

2. By my signature below, I hereby give consent to have my child be photographed or video- or audio-taped during camp activities, and I agree that the images so obtained may be used for educational and public relations purposes by University of Cincinnati Cheerleading Program.

Parent/Guardian Signature _____ Date: _____

RELEASE:

1. In consideration for accepting my child into the Cincinnati College Prep Cheerleading Clinic, which uses University facilities, I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of his or her participation at the clinic. I also certify that I have health insurance, which provides adequate coverage for injuries or illness my child may sustain while participating in the clinic.

2. By my signature below, I also agree to release and promise not to sue the State of Ohio, the University of Cincinnati, or their employees or agents, for any damages, loss, injury, or death arising from my child's participation in the Cincinnati College Prep Cheerleading Clinic, unless such damages, loss, injury or death are caused by the gross negligence or intentional gross misconduct of such employees or agents.

Parent/Guardian Signature _____ Date: _____

Northern Kentucky Cheer/Dance Coaches' Assn.

Please complete all sections below. You may not participate in the 2019-20 events without this completed form.

Participant Information

Participant's Name

Participant's School/Organization

Participant's Address

City/ State & Zip

Participant's Grade & Age

Participant's Date of Birth

Name of Participant's Parent or Legal Guardian

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Parent's/Guardian's best contact phone number

Medical & Insurance Information

Participant's Insurance Company

Participant's Insurance Company Policy Number

Participant's Physician's Name

List any medicines currently taking

Emergency Contact Number if different from daytime # Participant's Medical Allergies

Medical Treatment Authorization, Liability Release & Appearance Agreement

I, the undersigned parent or guardian, do hereby grant permission for the above-named participant to attend the 2019-20 Northern Kentucky Cheerleading Coaches' Association (NKCCA) clinics, competition and events. I also authorize any necessary treatment in case of injury for my son/daughter _____ which they may sustain while participating in any NKCCA events. In case of emergency during the event, I give permission for any official to call an ambulance to transport them to the hospital for further treatment if it is deemed necessary. The NKCCA & its' affiliated agencies reserve this right with the parent assuming full responsibility. I will hold the NKCCA, and all those associated with their events harmless in execution of this authority.

I further release the NKCCA and its representatives from any claims for injury or illness that may be sustained as a result of participation in NKCCA events. I acknowledge and understand that in participating in this event, there is a possibility that a participant's actions may result in injury or illness. I certify that my daughter/son is physically fit to perform and I assume all risks involved in their participation. I understand all medical bills are the responsibility of the participant or their legal guardian. Any other damages, such as lost or stolen items are also not the responsibility of the NKCCA or its representatives. I understand that as a participant I will be included in videotapes and photographs taken events. I hereby grant the NKCCA and its affiliates the permission to be included in any of these promotional products without reservations or limitations.

I have read the above statement and agree in full to its content

Participant's Signature

Participant's Parent or Guardian's Signature Date

Participant's Printed Name

Participant's Parent or Guardian's Printed Name