

# KU CHEER CLINIC REGISTRATION

Bring this completed form and payment (cash or check to Kansas Athletics, Inc.) to the clinic. No pre-registration is required but please RSVP to Corey@KUcheer.com. KU Cheer t-shirts will also be sold for \$15 (cash or check) at the clinic while supplies last.

Participant name: \_\_\_\_\_ Grade: \_\_\_\_\_ Email: \_\_\_\_\_

Registering for:

\_\_\_\_\_ Coed stunting (\$50/participant)

\_\_\_\_\_ All-girl stunt with your stunt group (\$30/participant)

## RELEASE AND WAIVER OF LIABILITY

As the parent or legal guardian of \_\_\_\_\_ (participant name), I give my consent for him/her to participate in the camp/clinic programs conducted and/or sponsored by the KU Cheerleading and/or Spirit Squad. I understand that participation in cheerleading, gymnastics, tumbling, dance, and related activities involves certain risks, and may result in unavoidable injuries due to the height, rotation, and motions involved in a unique environment. The injuries may include muscle strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risks and possibility of injury involved and acknowledge that I am assuming the risk of such injury by my child's participating in the camp/clinic.

I further acknowledge that I agree to provide health insurance for my minor child and will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that my child may sustain during the camp/clinic and while traveling to and from the site for the camp/clinic.

Knowing these facts and in consideration of my child's participation in the camp/clinic program, I, acting as parent or legal guardian, agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents of the University of Kansas, the University of Kansas Athletic Department, the Cheerleading and/or Spirit Squads, from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney's fees and costs) arising out of or in connection with the camp/clinic, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that my child may incur or sustain during the camp/clinic, all activities associated with the camp/clinic, and while traveling to and from the site for the camp/clinic.

I acknowledge that I have read this Release and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

## INSURANCE INFORMATION (parent/guardian, please fill out)

SUBSCRIBER: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_

SUBSCRIBER'S DATE OF BIRTH \_\_\_\_\_ SUBSCRIBER'S EMPLOYER: \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

CLAIMS MAILING ADDRESS: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

I hereby certify that the answers provided are true, complete, and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date