

## **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:** \_\_\_\_\_