## **Cheerleading Liability Wavier**

I understand that the activity of cheerleading involves risk to the participant. I further acknowledge and understand that due to the nature of this activity there is a possibility that (cheerleader's name) may sustain physical illness or injury in connection with his/her participation.			
		I hereby accept all risk and release and	•
		and all instructors against any and all claims resulting	l or organization), all affiliates, representatives
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give permission in my absence for my son / daughter to receive any necessary medical treatment for injury or sickness outpatient care and / or in-hospital treatment.			
injury of stekness outpatient care and / of in-nospital	treatment.		
Please list your insurance carrier and policy number:			
Please list any injuries and / or allergies:			
I also understand that	( name of school or organization ) has		
established rules and regulations pertaining to conduc			
cheerleading participants, by which I must abide duri	ng participation in this activity, and that I will be		
responsible for my own failure to abide by these rule	s and regulations.		
I agree to participate in accordance with these expect	ations. By signing this form Lacknowledge that I		
have read and agree with			
rules and regulations as they pertain to me, my son/da			
( name	<u> </u>		
(			
Print Name of Cheerleader::	Date:		
Cheerleader Signature:	Date:		
Checheader Signature.	Date		
Parent Signature:	Date:		