

University of Southern Indiana

Waiver and Release for Tryout Dean of Students Office

PROSPECTIVE SQUAD MEMBER: This form must be completed prior to a tryout.

COACH: Submit this form to the Dean of Students Office along with the prospective squad member's insurance information if insured and proof of a medical exam that occurred no later than one year prior to participation.

I agree not to hold University of Southern Indiana, its trustees, and its employees liable against all loss, injury, including death, damage and expenses including attorney's fees incurred by University of Southern Indiana on account of any injury, death of the undersigned participant or loss to property in any connection with or arising out of the tryout.

I understand that I am participating in a tryout, that I am in good health and that I have no knowledge of any medical conditions or physical impairments that would be affected by my participation in the tryout.

I hereby authorize the staff of the University of Southern Indiana to act for me accordingly to their best judgment in any emergency requiring medical attention and I hereby waive and release University of Southern Indiana from any liability for injuries or illnesses incurred while participating in a tryout.

I understand and agree that the University of Southern Indiana shall provide only emergency medical treatment for any injuries suffered by the undersigned student while participating in this tryout, and I assume full responsibility for all medical expenses incurred as a result of injuries suffered by the undersigned student's participation in this tryout.

I further understand that if selected for the team that I must undergo a physical examination and provide any pertinent insurance information.

I fully understand the provisions of the Waiver and Release and state that the Waiver and Release was signed voluntarily.

Name (Please print)	Squad: <input type="checkbox"/> Cheer <input type="checkbox"/> Dance	Date
Signature of prospect		
Signature of parent or guardian		

Proof of medical exam

Insurance if insured