



# COLLEGE PREP & STUNT CLINIC

Please visit [www.CalPolyCheer.com/college-prep](http://www.CalPolyCheer.com/college-prep) for detailed information!

**Both sides of registration/waiver form MUST be completed in full and signed only by guardian for participation; payment AND original registration/waiver form will be collected day of clinic.**

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ M/F

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

School/Gym/Organization: \_\_\_\_\_ Grade/Level: \_\_\_\_\_

Coach Name: \_\_\_\_\_ Coach Phone: \_\_\_\_\_

**CAL POLY CHEER/DANCE TEAMS USE ONLY**

Cash/Check: \$

#

Receipt: YES

Notes:

**PLEASE COMPLETE PAGE 2 - WAIVER RELEASE.  
THANK YOU!**

# CAL POLY CHEER/STUNT, DANCE & MASCOT

## Waiver Release of Liability and Assumption of Risk Agreement

I, \_\_\_\_\_ (**PARTICIPANT'S NAME**), HEREBY ACKNOWLEDGE that I have, my child has, voluntarily applied to participate with the Cal Poly Cheer/Stunt, Dance, and/or Mascot Teams, which includes but is not limited to travel to safety training camps, games, practices, clinics, and events outside of the Cal Poly Campus.

**I am aware that participation in the activity may be hazardous, and I am, my child is voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any risks of damage to my personal property or personal injury or death.**

**PLEASE INITIAL: \_\_\_\_\_**

I, the undersigned participant, guardian of undersigned participant, for myself and for my heirs, executors, legal representative, successors and assigns, hereby waive all claims and/or course of action, including negligence, against the State of California, the Trustees of the California State University, California Polytechnic State University, the Athletic Department of said University, arising out of or in any way connected with my participation in the above designated activity. *"Participation" includes, but is not limited to travel to and from the activity.*

**I have carefully read this agreement and fully understand its contents. I am aware that this is a waiver, release of liability, and assumption of risk agreement between myself and the Athletic Department of California Polytechnic State University and sign it on my own free will.**

**PLEASE INITIAL: \_\_\_\_\_**

I **have/have not** (**circle one**) had previous participation experience in the Activity, I understand and acknowledge that such participation could result in loss of or damage to my or another person's property, serious injury to my body, or another person's body, including mental and emotional injury or trauma, and/or death.

Knowing, understanding, and fully appreciating all of these consequences, I hereby expressly, voluntarily, and willingly assume all risks and dangers associated with my participation. Some of these risks and dangers may include serious personal bodily and/or emotional injury, and/or death. I understand that this list is not exhaustive.

I have no physical or emotional conditions which prevent me from fully participating in the Activity. In addition, I have obtained medical coverage aside from coverage provided by the Student Health Services of the California Polytechnic State University, San Luis Obispo. Although I may obtain some medical care from the University's Student Health Services, I understand that such care is limited and that I will have to use my personal medical insurance as a primary resort should an accident or injury occur which is not covered by the University's Student Health Services. I understand and agree to obey all Activity rules, including safety rules.

I understand that I am not to use or be under the influence of alcohol or drugs during this Activity.

I authorize Cal Poly to use, reproduce, and/or publish photographs and/or video that may pertain to me, my child, including my image, likeness and/or voice without compensation. Photocopies of this waiver will be treated as originals.

**I have read this waiver, release of liability and assumption of risk agreement in its entirety.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IF THE PARTICIPANT IS A MINOR:**

Parent /Guardian Printed Name: \_\_\_\_\_

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_