

**Truman State University Cheerleading Tryouts
Informed Consent and Treatment Authorization**

I, the undersigned, 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 I (my child) may sustain physical illness or injury in connection with my (his/her) participation. I further acknowledge and understand that by participating (allowing my child to participate) I am assuming the risk of such physical illness or injury, and I further release Truman State University and its representatives from any claims for personal illness or injury that I (my child) might sustain during my (his/her) participation in this activity.

I am aware that cheerleading tryouts at Truman State University involve strenuous physical activity and include, but are not limited to, such activities as jumping, gymnastic tumbling, stretching, partner or group stunting, dancing, and cheering. I attest that I am (my child is) physically prepared for such activities and that I am (my child is) free from any medical conditions that might prohibit me (him/her) from safely participating in this activity.

I understand that the National Collegiate Athletics Association requires cheerleading activities to comply with safety standards outlined by the American Association of Cheerleading Coaches and Advisors at www.aacca.org. I agree (my child agrees) to comply with coach's instructions regarding these standards for the duration of cheerleading tryouts.

In order that I (my child) may receive necessary medical treatment in the event that I (he/she) sustain injury or illness during participation in this activity, I hereby authorize the cheerleading coach(es) or other supervising adult to obtain medical treatment for me (my child) for such an illness or injury during the activity, and I hereby hold Truman State University and its representatives harmless in the exercise of authority.

In the event of an emergency, please contact the following person:

Contact's Name	Phone
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Insurance Carrier	Group/Policy Number
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Participant's Signature	Date
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Signature of Parent or Guardian (if under 18)	Date
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