

CONSENT TO PARTICIPATE AND ACKNOWLEDGEMENT OF RISKS

I/We hereby acknowledge awareness that participation in WALK ON TRYOUT for the activity of CHEERLEADING/MASCOT involves risk of injury, paralysis, permanent mental disability, or death and that these injuries may occur in some instances as the result of unavoidable accidents. I/We accept these risks in giving consent to participate in WALK ON TRY-OUTS in the activity of CHEERLEADING/MASCOT on this date of _____ by the undersigned persons.

I/We also understand that a copy of CURRENT MEDICAL INSURANCE and a PHYSICIAN'S PHYSICAL dated with in one year must be presented before being able to participate in any of the TRY OUTS.

Return this document, copy of insurance, and physician's physical to The University of North Alabama Athletics of which undersigned persons are participating in PRIOR TO TIME OF TRY-OUT.

Print Full Name

Date of Birth

Participant's Signature

Date

Parent / Guardian Signature

Date