

MEDICAL RELEASE FORM

I/We hereby acknowledge the awareness that participation in the University of North Alabama Stunt Clinic involves risk of injury, paralysis, permanent metal disability or even death and that these injuries may occur in some instances as the result of unavoidable accidents. I/We also understand that I will not hold the University of North Alabama or the UNA Cheer Team or Coaches responsible for any injury that may occur at the clinic. I also give my permission that the University or anyone acting on behalf of the University may do what is necessary to act in best interest of _____ should an injury occur.

I/We also understand that a copy of a current medical insurance card must be presented at the time of registration in order for _____ to attend the clinic.

Print Full Name

Date

Participant's Signature (If over 18 years old)

Date

Parent/Guardian Signature (If under 18 years old)

Date