



Clemson University Spirit Squad
College Prep Clinic

WAIVER OF LIABILITY/MEDICAL RELEASE
AND PHYSICIAN'S STATEMENT

PARTICIPANT NAME: _____

GUARDIAN'S NAME: _____ RELATIONSHIP: _____

EMERGENCY CONTACT/PHONE NUMBER: _____

INSURANCE COMPANY: _____ POLICY #: _____

PLEASE LIST ANY ALLERGIES THE PARTICIPANT MAY HAVE: _____

The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parents so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed.

I give permission for such diagnostic, therapeutic, and operative procedure as may be deemed necessary for my son/daughter. I authorize release of any medical information to process insurance claims and request payment of benefits to the physicians or supplier for services described. I understand that should the insurance not cover this illness/injury, I will be responsible for payment in full of any charges incurred.

I hereby waive and absolve Clemson University, and all divisions thereof, of any and all liability and responsibility for injuries, accidents, sickness and/or acts of God incurred during participation in and/or instruction of clinics, classes, games, classes, private coaching, and/or any other cheerleading related activity by myself/my child, whose name is _____. In consideration of my signed release allowing my child/myself to participate in a Clemson University Spirit Squad College Prep Clinic, I, intending to be legally bound, do hereby, my heirs, executor administration, waive, release, and forever discharge any and all rights and claims for damage which I may have or which my hereafter accrue to me against Clemson University, the camp/clinic directors or their respective employees, offices, agents, representatives, successors, and/or assignees, for any and all damages which may be sustained or suffered by me or my child in connection with my association with or participation in this camp or rising out of travel to and/or return from the respective Clemson University site or other camp site. In the event of injury/accident/sickness, Clemson University coaches, officials, and/or instructors are to contact the designated adult listed below.

Signature of Parent/Guardian/Date

Participant's Name _____ Date of Birth: _____

Physician's Statement *your current year's physical is valid for the clinic

I hereby certify that I have examined _____ and found him/her physically fit to attend and participate in the clinic, and I know of no impairments which would limit her participating in all clinic activities.

Date examined: _____ Physician's Signature: _____

Address: _____ Physician's Telephone: _____
