MICHIGAN STATE UNIVERSITY
WAIVER OF MEDICAL LIABILITY

Date of birth________________

1. I, __________________________________will be participating in a walk on tryout with the
cheerleading team sponsored by the Michigan State University Athletic Department. I presently
have no injuries or illnesses that might prevent me from participating in the tryout.

Participant Signature_________________________________________Date________________

Parent/Guardian Signature
(if under 18)________________________________________________Date________________

2. In the event of an injury occurring during the tryout, I will not hold Michigan State University
responsible in any way.

Participant Signature_________________________________________Date________________

Parent/Guardian Signature
(if under 18)________________________________________________Date________________

3. I have current medical insurance that will cover any costs incurred due to injury sustained during
the tryout.

Participant Signature_________________________________________Date________________

Parent/Guardian Signature
(if under 18)________________________________________________Date________________

4. I do not have current medical insurance that will cover any costs incurred due to injury
sustained during the tryout.

Participant Signature_________________________________________Date________________

Parent/Guardian Signature
(if under 18)________________________________________________Date________________

EMERGENCY CONTACT INFORMATION:

Name_________________________________________________________________________

Sunday Evening Phone Number_____________________________________________________

Cell Phone Number_______________________________________________________________