

Michigan State University
Waiver of Medical Liability
(please print)

1. My child, _____, will be participating in a dance clinic with the MSU Dance Team sponsored by Michigan State Athletics. I presently have no injuries or illness that might prevent me from participating in the tryout.

Participant Signature _____ Date _____

*Parent/ Guardian Signature _____ Date _____

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

Participant Signature _____ Date _____

*Parent/ Guardian Signature _____ Date _____

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

Participant Signature _____ Date _____

*Parent/ Guardian Signature _____ Date _____

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

Participant Signature _____ Date _____

*Parent/ Guardian Signature _____ Date _____

***Must have Parent/Guardian Signature if participant is under the age of 18.**