

**NAVARRO COLLEGE CHEERLEADING
SQUAD TRY-OUT WAIVER/MEDICAL
RELEASE FORM**

I, _____, acknowledge that I am, of my own free will, practicing with the Navarro College Cheerleaders as a candidate for their upcoming tryouts. I am fully aware of the gymnastic type activities involved in said practice and the risks associated with these activities. I agree to fully and forever release, discharge, indemnify and hold harmless Navarro College, its agents, servants and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in this event.

I HEREBY AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY MYSELF WHILE IN THE PRACTICE OR TRY-OUT SESSIONS. I ALSO ACKNOWLEDGE THAT I WILL NOTIFY THE CHEERLEADER COACH OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY MYSELF.

Signature

Date

Parent Signature (if under 18)

Date