

# KU CHEER CLINIC REGISTRATION

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Email: \_\_\_\_\_

Circle which stunting you want to do at the clinic:    Coed    All-Girl

This registration form is for the **Sat. Aug. 14, 9am-5pm** College Prep Cheer Clinic for \$80 at Robinson Gym on the KU campus. The clinic will consist of several stunt sessions (your choice of coed or all-girl), some tumbling instruction, information sessions, lunch (pizza and apples), and a 1-hour walking tour of the KU campus (after lunch). We'll also have KU Cheer t-shirts for sale for \$15.

To complete your registration, make sure you fill out all these:

- 1) This form
- 2) The KU waiver if you haven't completed one in the past year
- 3) \$80 payment by check to "Kansas Athletics Inc" or bring cash

Mail those items to:

**KU Cheer College Prep Clinic**  
**1370 Stonecreek Drive**  
**Lawrence, KS 66049**

Then we'll see you in Room 216 of Robinson Center (1301 Sunnyside Ave., right across from Allen Fielroom) on Sat. Aug. 14, 9am-5pm.

Thanks!

**RELEASE AND WAIVER OF LIABILITY**

As the parent or legal guardian of \_\_\_\_\_ (participant name), I give my consent for him/her to participate in the camp/clinic programs conducted and/or sponsored by the KU Cheerleading and/or Spirit Squad. I understand that participation in cheerleading, gymnastics, tumbling, dance, and related activities involves certain risks, and may result in unavoidable injuries due to the height, rotation, and motions involved in a unique environment. The injuries may include muscle strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risks and possibility of injury involved and acknowledge that I am assuming the risk of such injury by my child's participating in the camp/clinic.

I further acknowledge that I agree to provide health insurance for my minor child and will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that my child may sustain during the camp/clinic and while traveling to and from the site for the camp/clinic.

Knowing these facts and in consideration of my child's participation in the camp/clinic program, I, acting as parent or legal guardian, agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents of the University of Kansas, the University of Kansas Athletic Department, the Cheerleading and/or Spirit Squads, from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney's fees and costs) arising out of or in connection with the camp/clinic, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that my child may incur or sustain during the camp/clinic, all activities associated with the camp/clinic, and while traveling to and from the site for the camp/clinic.

I acknowledge that I have read this Release and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone Number:

\_\_\_\_\_ (home)

\_\_\_\_\_ (work)

\_\_\_\_\_ (cell)