

Missouri State University™
Spirit Squads
2020-2021 Medical and Liability Release

Participant's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

I hereby release Missouri State University, its Board members, officers, agents and employees (collectively referred to as "the University") from all claims I may have for injuries or damages, which may result from my participation in activities with the Missouri State University Spirit Squads Program, including Tryout Clinics and Tryouts. I understand the possible risks associated with being able to participate in these activities and release all such claims **even though the claim may arise out of the negligence or carelessness on the part of the University, or any third person, whether foreseen or unforeseen, known or unknown**. I further covenant not to sue the University for any such claim.

I authorize and provide consent for licensed medical providers to administer any medical procedure or treatment which may be deemed medically advisable by the attending physician, including diagnostic testing and examination should I become injured or sick while participating in activities with the Missouri State University Spirit Squads Program, including tryout clinics, tryouts, and all other activities, should I be selected as a member of the 2020-2021 Spirit Squads.

Participant Signature _____
(required)

Parent/Legal Guardian Signature _____
(required if participant is under 18 years old – I agree to all of the conditions set forth above for my son/daughter)

Missouri State University does not provide accident or health insurance, and will not pay for any medical expenses incurred by me. Participants are required to have medical insurance and provide the information below.

Participant Health Insurance Provider _____

Participant Insurance Policy # _____

Birth date _____ SS# _____

Emergency Contact Information:

Name _____

Address _____ City/State _____ Zip _____

Phone# (_____) _____