

I \_\_\_\_\_ understand that there are risks in participating in the sport of Cheerleading. I am voluntarily assuming the responsibility for any such risks. In the event of injury, I consent to receive any emergency treatment deemed necessary by the Sports Medicine Staff at Polk State College and agree that the Sports Medicine Staff/Coach can terminate my participation at any time for any medical reason. I waive and release Polk State College, Polk State College Board of Trustees, and the officers, agents, and employees, and any students acting on behalf of either Polk State College or its Board of Trustees, and their heirs, assigns or successors in the interest of any and each of them from any and all liability which may result or rise from either my legal, unenforceable, or in conflict with any laws of the State of Florida by any Court of competent jurisdiction, the remaining portions of this release shall not be affected.

Signature of Student:

Date:

Social Security Number:

Signature of Parent or guardian  
(if participant is under 18)

Date: