

I, \_\_\_\_\_, understand that cheerleading involves potential risks such as physical injury. I understand that as a participant in Howard College Cheerleading, I am assuming such risks, and hereby release Howard College and its representatives from any responsibility for possible injuries I might sustain during my participation.

I hereby authorize the cheerleading coach or other Howard College representative to obtain medical treatment for me for any injury that occurs during any cheerleading activity. In the event of an emergency, please contact:

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Insurance Carrier Group

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian  
(If participant is a minor)

\_\_\_\_\_  
Date