

CHEERLEADING SAFETY/RISK WARNING

I/We _____, parents/guardians of

who is a student at Corvallis High School and wishes to participate in cheerleading for Varsity/Junior Varsity or Freshmen cheerleading team and, if accepted as a cheerleader, to participate in all cheerleading activities of Corvallis High School, and in consideration of allowing our daughter to try out/and or participate in such activity, give our consent for such participation by our daughter.

We understand that our daughter is required to be in good physical shape and condition and that the activities which she will be asked and expected to participate in, are strenuous and require physical and athletic agility. It has been fully explained to us that these activities may include but are not limited to a variety of gymnastic routines, including somersaults, back hand springs, aerials and round-offs; that there will be a variety of mounts and stunts that require the coordination of more than one participant on the squad; that these activities will not be confined to any one site or venue, but rather a variety of sites and places throughout the school year.

It has also been explained to us that cheerleading is an activity in which the risk of injury is high; that any one of the routines involving our daughter's participation in cheerleading activities in general could lead to serious injury, including partial or total paralysis, even death. We have also discussed this with our child and among ourselves. Despite this understanding of the possibility of serious or catastrophic injury or death and risks involved, we still consent to the participation in this activity by our daughter.

We also understand that our daughter will be required to travel to locations off campus for the purpose of participating in cheerleading activities and the coaches, advisors, and/or the school may provide that transportation to her. We also consent to such transportation.

We represent to you that, to the best of our knowledge and belief, our daughter has no physical, medical or mental disability or other limitation that would restrict her ability to fully participate in this activity as described and explained to us. We have been informed that our child must be examined by a physician prior to participation in the activities described above and we agree to such examination.

We agree to, and by the signing of this agreement, release the coaches, assistant coaches, volunteers, staff of Corvallis High School and the Board of Education from any claim of negligence by ourselves, our daughter, our heirs, executors and assigns, from any liability arising from claims for damages for injury to our daughter and any claims for loss of, or damage to, her property, which may arise out of her participation in the Corvallis High School Cheerleading Program for the current school year.

In witness whereof, I/We have affixed our signatures to this Agreement.

Parent _____ Date _____

Parent _____ Date _____

Updated 6/5/2017