

OJRHS Athletic Activity Participation Consent and Waiver Form



Please read the following terms carefully. Guardian and participant must print names and sign at the bottom.

I, _____ parent/legal guardian of _____ agree to their participation in Cheerleading tryouts on the terms stated below.

- By signing this waiver I understand that participation in this activity is voluntary.
- By signing this waiver I assume all risk from participation related thereto and understand that my child could be seriously injured, even possibly die while participating.
- By signing this waiver I release the Owen J. Roberts School District, its employees, it's organizations, program volunteers and officials from all expenses, damages, claims, and causes of action of any sort, for any injuries sustained by the participant while participating in this activity. I agree to be responsible for any medical or other expenses incurred as a result of any injury and indemnify the released parties against any such expense or claim arising from any such injury.
- By signing this waiver I accept full responsibility for all transportation of my child related to participation in this activity.
- By signing this waiver I understand that medical insurance coverage is not provided and accept full responsibility for all medical or other expenses incurred as a result of participating in this activity.
- By signing this waiver I agree to indemnify and defend the Owen J Roberts School District, it's organizations, officers, employees and volunteers as the indemnities and hold them harmless from any or all claims, causes of action, damage judgments, costs or expenses, including attorney fees which in any way arise from the activity or this agreement which include but are not limited to damages to or destruction of any property of the indemnities, of any others, injury or death of the undersigned or anyone else or any liability arising from the act or negligent act of the indemnities, the undersigned or anyone else.
- By signing this waiver I agree to abide by the rules and regulations of the facility at which the activity is held including such things as not using alcohol or tobacco products on the grounds or in the parking lots. I understand that I may be removed from the activity for violating any of these rules.

Guardian Name (print): _____

Guardian Signature: _____ Date: _____

Participant Name (print): _____

Participant Signature: _____ Date: _____