

Your son/daughter has indicated an interest in trying out for fall cheer. We provide NO medical insurance coverage of any kind and strongly urge that you seek coverage if your son/daughter is not already covered. By signing below you are acknowledging that you are waiving and releasing all claims for injuries which your son/daughter may sustain arising from participation in our tryouts. I hereby understand that I and/or my family members acknowledge the risks inherent in the above mentioned activity and agree that NO liability will be claimed or enforced against any person or group therewith connected. I understand that no hospitalization, health or accident insurance is provided in connection with the said registration. I further state that I have read and understand that this is a general release and that I intend for it to be legally bound by the same.

I hereby give my consent for my child to participate in the Belvidere North High School fall cheer tryout and I assume all risk in regard to participation. I release, indemnify, and agree to hold harmless Belvidere North High School (District 100), its directors, administration, officers, coaches, instructors, property owners and volunteers from any and all liability that may result from participation in Belvidere North High School Sports fall cheer tryouts.

Parent Signature X_____

Date:_____