

Waiver and Registration Form

I THE UNDERSIGNED PARENT OR GUARDIAN DO HEREBY GRANT PERMISSION FOR MY SON/DAUGHTER, WHOSE NAME IS LISTED ON THE FORM, HEREINAFTER SHALL BE REFERRED TO AS "PARTICIPANT OR CHEERLEADER" TO PARTICIPATE IN THE EVENT (S) PRESENTED BY COWLEY COLLEGE, IN ORDER THAT THE SAID PARTICIPANT OR CHEERLEADER MAY RECEIVE THE NECESSARY MEDICAL TREATMENT IN THE EVENT OF AN INJURY OR ILLNESS. I FURTHER ACKNOWLEDGE, UNDERSTAND AND AGREE THAT IN TAKING PART IN THIS EVENT THERE IS A POSSIBILITY OF PHYSICAL ILLNESS OR INJURY, AND THAT THE PARTICIPANT IS ASSUMING THE RISK OF SUCH ILLNESS OR INJURY BY PARTICIPATING IN THE EVENT.

IN ADDITION, I AGREE TO RELEASE COWLEY COLLEGE AND ITS REPRESENTATIVES AND INVOLVED PARTIES FROM ANY LIABILITY OF ANY THEFT OR DAMAGE TO PERSONAL PROPERTY. IN THE EVENT OF INJURY OR ACCIDENT OR SICKNESS REQUIRING IMMEDIATE TREATMENT, I REQUIRE THAT EVERY EFFORT BE MADE TO CONTACT ME DIRECTLY.

IF I CANNOT BE REACHED, I AUTHORIZE COWLEY COLLEGE PERSONNEL TO MAKE APPROPRIATE ARRANGEMENTS FOR TREATMENT. I HEREBY HOLD COWLEY COLLEGE AND ITS REPRESENTATIVES HARMLESS IN THE EXERCISING OF THIS AUTHORITY.

I ALSO HEREBY GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED, VIDEO TAPED AND OR AUDIO TAPED DURING A COWLEY COLLEGE ACTIVITY, I FURTHER GIVE PERMISSION FOR SUCH ITEMS TO BE USED IN PRINT OR BROADCAST MEDIA AS DEEMED APPROPRIATE FOR PROMOTION OF COWLEY ACTIVITIES AND FOR PUBLICITY SURROUNDING THE INDIVIDUALS PARTICIPATION IN COWLEY EVENTS. PARENT/GUARDIAN PLEASE SIGN ON THE PARENT/GUARDIAN SIGNATURE LINE STATING THAT YOU FULLY UNDERSTAND THE WAIVER AGREEMENT. PLEASE DETACH THE BOTTOM PORTION AND MAIL TO:

Kristi Shaw-Director of Student Life

125 South 2nd Street
Arkansas City, KS 67005

Questions please e-mail: shawk@cowley.edu or call: 620-441-5206

DEADLINE MUST ARRIVE IN OFFICE BY

January 25, 2010--NO EXCEPTIONS--

A \$25.00 fee will be assessed on all Returned Checks

Registration must be signed and returned with a check, money or money order to be valid

Make checks payable to: Cowley College Co-Ed Cheer Team

You may drop off registration at Cowley College in the Student Life Office Area located in the Jungle-Student Union, located on 3rd Street Behind Galle Johnson. Registration must be signed and returned with a check, cash or money order to be valid.

PARENT OR GUARDIAN SIGNATURE _____

(I fully understand the waiver and give permission for the underlined participant to take part in the Cowley activity)

CHEERLEADER'S NAME: _____ Grade _____ Age _____

School Name: _____

DATE SIGNED: _____

ALERT MEDICATION: _____ OR ALLERGIES: _____

Restraints we should be aware of: _____

Insurance policy number and Info: _____

Emergency Contact Name _____

Home Phone: _____ Cell Phone: _____

Home Address _____ City _____ Zip _____

T-SHIRT SIZE *PLEASE CIRCLE: 100 % COTTON*** YXS, YS, YM, YLG, AS, AM ALG, AXLG