



Rustin Cheerleading Clinic
Hosted by Rustin Varsity Cheerleaders
Saturday, October 7th 9:00-12:00



****Participate in the clinic and you get to cheer the homecoming game on 10/14/17**

Where? Rustin High School Gym

Who can participate? Everyone 5 and older!

Cost? \$35.00 will be collected at the door

*checks can be made payable to Rustin Cheerleading

How do I guarantee a spot? Pre-register by e-mailing rustinknightscheerboosters@gmail.com. Please include the

following information:



School



Emergency Contact #



T-shirt Size

****Registration must be submitted by September 26th****

Additional Notes

- Each Participant will be provided a snack (pretzel) and water.
- Each participant must fill out the attached waiver and turn it in the day of the clinic

Form – Rustin High School
provide an emergency contact



Liability Release and Waiver
Cheerleading Clinic
****Please sign your name and number on the line****

Liability Release: I, _____, (print name) in my own behalf and on behalf of Minor, agree to release and hold harmless Rustin High School, Rustin High School cheerleaders, the coaches, the hosting site, and the respective directors, officers, representatives, agents, and employees of Rustin High School and their respected affiliates from any and all liability arising out of or connected with the event, including any claim arising out of or connected with any illness or injury that participant may occur or sustain during event, all activities associated with the event, and while traveling to a from the site whether or not the event occurs. I further agree to reimburse and to make good to release any loss or costs releases may have to pay as a result of any action, claim, or demand.

Medical Release: I, _____ in my own behalf and on behalf of Minor, knowledge and agree that participation in the Event subjects Minor to possibility of physical illness, injury, or death, and that I, in my own behalf and on the behalf of Minor, acknowledge that Minor is assuming the risk of such illness, injury or death by participating in the event. In the event of such illness, injury, or death, I authorize Rustin High School Cheerleading Organization and its affiliates to obtain necessary medical treatment, and I release and hold harmless the exercise of this authority. I further acknowledge that I will be responsible for any and all medical bills that arise during the event and while traveling to and from the site for the Event whether or not the event occurs.

****If you have serious medical conditions including but not limited to heart conditions, asthma, bone or ligament damage, or are pregnant, please consult a doctor before partaking in any physical activity.**

By signing this below, I agree that I have read and understand the contents of this waiver. I am aware that this participant release waiver releases from liability and contains acknowledgement of my voluntary and knowing assumptions of the risk of injury, illness, or death. I, in my own behalf and on the behalf of Minor, have signed this document voluntarily and of my own free will.

Name: _____

Emergency contact number: _____

List special accommodations:
