

WRIGHT STATE JR. RAIDERS RELEASE FORM

AGREEMENT OF COMPLIANCE, MEDICAL TREATMENT, LIABILITY RELEASE & APPEARANCE AGREEMENT

Participant/Parent or Guardian: An Agreement of Compliance **must be read and signed by each participant** in order for her to participate. *Please bring this form to the Wright State Jr. Raider Cheerleaders Training Camp to be collected by the Jr. Raiders Director.*

Participant's Name _____

Name of Team _____

I, _____, understand that as a participant, I will adhere to the following rules and regulations:

- ◆ All participants are expected to conduct themselves in a mature manner regardless of age.
- ◆ Wright State University reserves the right of placement of individuals in the performances.
- ◆ Participants must respect the facility property, rules and regulations, dress codes, and event-related employees.
- ◆ No smoking, consumption of alcoholic beverages or use of illegal drugs allowed.

I also understand that any violation of this agreement on my part may result in disciplinary action at the above mentioned event, and/or notification of parents, and possible removal from the program.

Each participant's parent or guardian must sign the following release.

- A. I understand that by taking part in the Wright State Jr. Raiders program, there is a possibility of sickness to my daughter. I do hereby grant my permission to hospital staff members to administer immediate treatment to my child should she be injured. I understand I will be notified as soon as possible in event of an emergency. My insurance company or I will assume all expenses of such treatment.
- B. I also agree to hold harmless Wright State University, the instructional staff, and the Wright State game organizers for any injury as a result of my daughter's participation.
- C. I give Wright State University the right and permission to film, photograph, or video tape my daughter for any reproductions associated or in any way connected with said televised or filmed event, in particular, for use in any form of advertisement for Wright State University and Wright State Jr. Raiders for its promotional purposes.

Parent's Signature _____ Home Phone (____) _____

Address _____ Work Phone (____) _____

City _____ State _____ Zip _____

Insurance Carrier _____ Phone (____) _____

Policy/Group Number _____

Any medications allergic to: _____