

Kamehameha Cheer Team Tryouts 2016

RELEASE OF LIABILITY WAIVER

I/We _____, parent(s) / guardian(s)
Print Name(s)

Of _____ agree to allow
Print Candidate's Name

My/ our daughter / son to participate in the
KAMEHAMEHA CHEER TEAM CLINIC AND TRYOUTS.

I/We also agree to assume all risks of injury and to assume all responsibilities surrounding such participation in and connection to all the above events. I/We thereby release the Kamehameha Schools, the KS Athletic Department, the Kamehameha Cheer Team and Coaching Staff, and all other organizers of the events from all liabilities.

He/She has a current Athletic Participation Form (APF) on file with the Kamehameha Athletic Department
YES _____ NO _____ Date of Expiration _____

STATEMENT OF WARNING

Parents should be advised that safety is a priority in the KS Cheer Team program and every effort is made for participating athletes to develop the necessary skills for tryouts according to a progressive plan. Focus of the tryouts will be on basic and intermediate skills, with mastery of such skills required before any athlete is permitted to move forward to advanced skills. Where applicable, "spotting" and safety techniques are taught and emphasized throughout the tryout process.

Whom to contact in case of emergency: _____

Relationship to Student: _____ **Day Tel:** _____

Other Tel: _____ **this is (circle one) PGR CELL**

** By signing below, we give our approval for our child to participate in the KS Cheer Team tryout session and acknowledge the warning statement issued by the KS Cheer Team Coaching Staff, and accept the potential risk of injury that is an inherent part of this activity.*

Signature: _____ Date: _____
(Parent/Guardian)

Signature: _____ Date: _____
(Parent/Guardian)

**Sign and return this LIABILITY WAIVER FORM to
Melissa Wennihan, 685 Akoakoa St., Kailua, HI 96734, or bring to the first day of tryouts
scheduled for Wed., April 27, 2016 in Kekuhaupi'o Gym #2.**