

All Participants and Parents will need to sign the Acknowledgement of Risk and Waiver of Liability Form below.

Note: This form must be completed in its entirety for the athlete to be able to participate in clinics with the *Illinois Cheerleading Coaches Association (ICCA)*.

As a parent of legal guardian of \_\_\_\_\_ (participant's name), I hereby consent to the above person participating in the programs and activities of the Illinois Cheerleading Coaches Association (ICCA). I acknowledge and agree that potentially severe injury can occur. If in the event of such injury, I authorize Illinois Cheerleading Coaches Association (ICCA) board members and coaches to obtain necessary medical treatment for the minor and hereby, in my own behalf release and hold Illinois Cheerleading Coaches Association (ICCA) and the hosting site and their respective affiliates (hereinafter collectively releases) in the exercise of this authority. I further acknowledge that I will be responsible for any and all medical and related bills that may be incurred on the behalf of the minor for any illness that the minor may sustain during this event and while traveling to and from the site for the event actually occurs.

I, in my own behalf and on the behalf of the minor, further agree to release and to hold harmless releases from any and all liability for negligence or any other claims, judgment, loss, liability, cost and expenses (including without limitations, attorney's fees and costs) arising out of or connected with the event. I further agree to reimburse and to make good to releases any loss damages or costs releases may have to pay as a result of any such action, claim or demand. I represent that which minor is allergic or is currently taking care listed below. I agree that minor shall bring medication, Medications (if any) \_\_\_\_\_  
Any Medical Conditions \_\_\_\_\_  
Allergies \_\_\_\_\_

I, in my own behalf and on behalf of the minor, hereby warrant that I have read the release and waiver in its entirety and full understand its contents. I, in my own behalf and on the behalf of the minor, have signed the document voluntarily and on my own free will. I do hereby verify that I fully understand and accept the preceding conditions for permitting participant to participate in and attend the *Illinois Cheerleading Coaches Association (ICCA) Fall clinic*.

\_\_\_\_\_  
Parent Signature / Date

\_\_\_\_\_  
Participant Signature / Date



# FALL CHEER CLINIC

**Who can come?**  
**ALL ICCA MEMBERS**

**GLENBARD SOUTH HS**  
**SEPTEMBER 12, 2009**  
**9AM-3PM**

**CONTACT**  
**Judy O'Brien**  
**Region 1 Rep**  
**[bonbon9257@sbcglobal.net](mailto:bonbon9257@sbcglobal.net)**  
**OR**  
**Erica Andrews- Glenbard South Cheer**  
**Coach**  
**[Erica\\_Andrews@glenbard.org](mailto:Erica_Andrews@glenbard.org)**