

CMU Dance Team Medial Release Form and Waiver

First Name _____ Last Name _____

Gender _____ Date of Birth ____/____/____ Age _____

Mailing Address _____ City _____ State _____ Zip Code _____

Email _____ Phone () _____

Parent Name

(if participant is under 18 years old) _____ Email _____

Parent Phone (if participant is under 18 years old) _____

Preexisting medical conditions

I have medical insurance and have a copy of my insurance information with me.

I do not have medical insurance.

I hereby acknowledge that participating in this event involves an inherent risk of physical injury, and I hereby assume all such risk. I hereby release and agree to hold harmless Central Michigan University, employees, and students from all claims, actions, damages, liabilities for personal injury or damage relating to or arising out of any camp activity except where the injury is caused by gross negligence.

Signature (Parent or Legal Guardian) _____ Date _____