

University of Wyoming Spirit Program INSURANCE WAIVER

I, _____, waive the University of Wyoming and the University of Wyoming Spirit Program of all responsibility of injuries incurred during any portion of the UW Cheer Team Tryouts.

Participant Name (Please print)

Participant Signature

Date

Print Parent/Guardian Name

Parent/Guardian Signature

Date

**Parent/Guardian signature required if participant is under age 18*

INSURANCE INFORMATION:

Company: _____

Policy Owner's Name: _____ Policy Owner's Date of Birth: _____

Policy Number: _____ Policy Owners SSN#: _____ - _____ - _____

Email Address of Policy Owner: _____

Home Phone # of Policy Owner: _____ Cell Phone #: _____

Mailing Address of Policy Owner: _____

City, State, Zip of Policy Owner: _____

****Please provide a copy of the front and back of the insurance card and staple it to this waiver. This form will not be considered complete without these copies.***