

**UNIVERSITY OF MARYLAND DANCE TEAM
PREP-CLINIC/AUDITION
LIABILITY WAIVER, MEDICAL CERTIFICATION, AND INSURANCE STATEMENT**

I, _____, acknowledge that my participation with the MARYLAND DANCE TEAM may involve risk of physical injury and other personal injuries and property damage. I assume responsibility for all risks.

I indemnify and hold harmless University of Maryland, its athletic department, its trustees, officers, employees, and agents from any liability arising from or approximately caused by my participation in this activity.

I acknowledge that I am completely aware of the inherent risks associated with the Maryland Dance Team, and hereby waive, release, and discharge the State of Maryland, the Maryland State Board of Higher Education, the University of Maryland, the University of Maryland, Department of Intercollegiate Athletics, the University of Maryland Sports Medicine Department, its physicians, the athletic team, and all of their respective members, officers, employees, and agents (hereinafter referred to as THE UNIVERSITY GROUP), from any and all liability and responsibility in the event that I become injured in any way during the season. I further state that I take full responsibility for any injury that may occur as a result of my participation, and that I will not hold THE UNIVERSITY GROUP responsible for any aggravation of pre-existing injuries prior to or during this season. I warrant that I am in adequate physical condition, that I am physically able to perform this season, and that I have no known physical conditions, which could be materially worsened or aggravated by my participation, unless stated below:

I certify that I have passed a physical examination by a licensed physician who has placed no restriction on my physical activity, and that I do not know of any physical, emotional, or mental condition that would endanger my health and wellbeing by engaging in strenuous physical activity.

I further acknowledge that I am signing this waiver voluntarily and with complete understanding of the terms and conditions herein. I also acknowledge that I have comprehensive health insurance coverage that will be in effect on the date(s) of this activity. The insurance company is _____.

SIGNATURE _____ DATE _____

EMERGENCY CONTACT

NAME/RELATIONSHIP _____ PHONE _____

If participant is less than 18 years of age:

I am fully aware of the risks that may be involved, and I consent to have my child participate in the aforementioned event. Insurance coverage is indicated above.

PARENT/GUARDIAN NAME (Print) _____ PHONE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____