

**UNIVERSITY OF MARYLAND DANCE TEAM
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 proximately caused by my participation in this activity.

I certify that I am currently enrolled as a full-time student at the University of Maryland (at least 12 credit hours). 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 tryout period. 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 tryout. I warrant that I am in adequate physical condition, that I am physically able to perform this tryout, and that I have no known physical conditions, which could be materially worsened or aggravated by my participation, unless stated below:

My agreement to assume all risks and to indemnify the University is given in exchange for the opportunity to participate. I understand that this activity is not part of the normal educational curriculum of the University, and that I am participating in a purely voluntary extracurricular activity.

Further, I understand that the dance team at University of Maryland is a private organization separate from the University with affiliation solely as a registered student organization and affiliated sport club. This dance clinic and auditions are sponsored solely by the Dance Team, and not by University of Maryland.

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 well being 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 _____

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 (Please print)

PHONE NUMBER

PARENT/GUARDIAN SIGNATURE

DATE
