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29	30	31							





I represent that Participant shall be covered throughout his/her participation in and preparation for the Program by policies of comprehensive health and accident insurance which provide coverage for illnesses or injuries he or she may sustain or experience while participating in the Program. By my signature below, I certify that I have confirmed Participant's health and accident insurance policies will adequately cover him or her while participating in and preparing for the Program; and, I hereby release, discharge and indemnify the Releases from and against all responsibility and liability for any injuries, illnesses, medical bills, charges and/or similar expenses she or he incurs while accessing the Property or while participating in or preparing for the Program.

I hereby <u>release</u>, <u>discharge</u> and <u>indemnify</u> the Releases from and against all responsibility and liability for any injuries, illnesses, medical bills, charges and/or similar expenses which might arise out of or in connection with any emergency or medical attention.

Permission is granted for Participant to receive emergency medical treatment by an authorized health care provider r or hospital designated by **Fayetteville State University Cheerleading Camp** personnel. I understand that every effort will be made to contact me. If I cannot be reached, the provider selected by a staff member of **the Fayetteville State University Cheerleading Camp** is permitted to hospitalize and secure proper treatment (including surgery) for the Participant at my financial expense.

I give permission for the Participant to participate in photographs, films, and/or interviews as they pertain to FSU, and I understand that such pictures, films, and/or interviews may be used, without compensation to me or Participant, to promote or publicize FSU events and/or demonstrate how federal or state funds are being used.

In signing this Waiver of Liability, I acknowledge and represent that I have fully informed myself of the content of this document by reading it before I signed it, that I have reviewed it, that I and the Participant understand what it means, that by signing it I am giving up any substantial legal rights I might otherwise have, and that I sign this document as a free act and deed.

I further state that I am fully competent to sign this Agreement; and that I execute this Waiver of Liability for full, adequate, and complete consideration fully intending to bind by the same myself and my family, heirs, administrators, successors, assigns, and/or personal representatives and the Participant and his or her family, estate, heirs, administrators, personal representatives, and/or assigns.

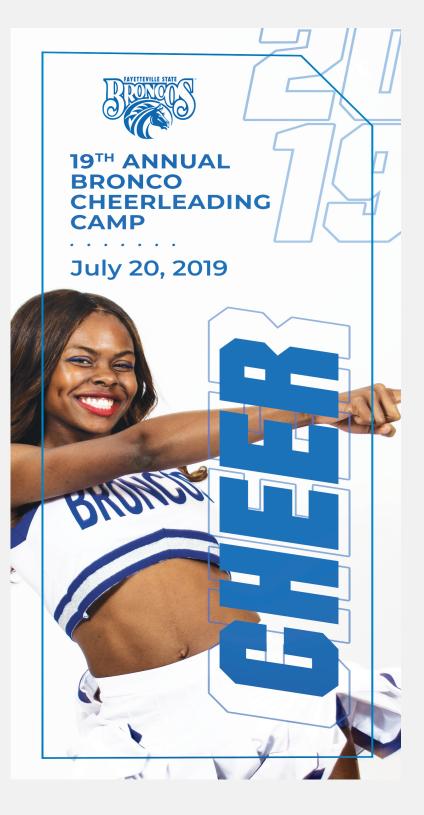
Accident/Hospitalization Policy Name\_\_\_\_\_\_

Policy Number\_\_\_\_\_
I can be reached at any time (phone number) \_\_\_\_\_\_

IN WITNESS WHEREOF, I have executed this release on the date indicated below.

THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING

Parent/Guardian Signature





## REGISTRATION

First Name:	MI: Last Name:
Home Address:	
City:	State Zip:
Home Phone:	Fax Number:
Age: School:	
Parent/Guardian Full Name: _	
Cell Phone:	Home Phone:
E-Mail Address:	

<u>Upon arrival, please be sure to bring the following:</u>
Full Camp Payment (*If not previously mailed*)

**PAYMENT**: Enclose Check or Money Order Payable to:

Fayetteville State University Cheerleading Camp. Return application, Copy of insurance card, and full payment to:

Fayetteville State University Cheerleading Squad

Attn: Dr. LaWanda Miller 1200 Murchison Road Fayetteville, NC 28301

# PROUDLY SUPPORTING CHAMPIONS



## FSU WAIVER OF LIABILITY AND ACTIVITY PERMISSION SLIP (TO BE COMPLETED BY PARENT)

PRINT PARTICIPANT MAME	
PRINT PARENT/GAURDIAN NAME	

I understand the Participant will participate in a program on FSU's campus and access FSU property, grounds, facilities, (hereinafter collectively and individually referred to as the Property) for the Fayetteville State University Cheerleading Camp (the "Program"). I understand that the Participant is not required to access the Property or participate in the Program and that my decision to allow the Participant to access the Property and participate in the Program is fully voluntary. I also understand that there are risks (which include but are not limited to sprains, broken bones, cuts, bruises, head and spinal injuries and other physical injuries). I also understand that there are dangers and hazards associated with accessing the Property and preparing for and participating in the Program, and I have decided to, and do fully and voluntarily, assume the risks.

In consideration of the Participant being permitted to participate in the Program, I do individually, and on behalf of my heirs, successors, assigns, administrators and/or personal representatives, hereby *RELEASE, WAIVE, COVENANT NOT TO SUE AND FOREVER DISCHARGE* FSU and any of their employees, agents, officers, trustees, volunteers and/or representatives (in their official and individual capacities) ("Releases") from and against any and all liability whatsoever, whether caused by negligence or carelessness of any one or more of the Releases or otherwise, for any and all harm, damages, losses and/or injuries (including death) Participant may sustain to his or her person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses, and/or costs of any nature, including attorney's fees, or otherwise, which arise out of, result from, occur during or are connected in any manner with 1) the Participant's participation in or preparation for the Program, 2) the Participant's accessing of the Property and/or 3) any travel incident to Participant's participation in or preparation for the Program or Participant's usage of the Property.

In consideration of the Participant being permitted to participate in the Program, I, individually, and on behalf of my heirs, successors, assigns, administrators and/or personal representatives, hereby agree to *INDEMNIFY*, *DEFEND*, *AND HOLD HARMLESS* the Releases (in their official and individual capacities) from and against any and all liability whatsoever, whether caused by negligence or carelessness of any one or more of the Releases or otherwise, for any and all harm, damages, losses and/or injuries (including death) Participant may sustain to his or her person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses, and/or costs of any nature, including attorney's fees, or otherwise, which arise out of, result from, occur during or are connected in any manner with 1) the Participant's participation in or preparation for the Program, 2) the Participant's accessing of the Property, and/or 3) any travel incident to Participant's participation in or preparation for the Program or Participant's usage of the Property.

I agree that this Waiver of Liability is to be construed under the laws of the State of North Carolina, U.S.A.; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. I also agree that the place of this agreement, its situs and forum, shall be Cumberland County, North Carolina.





Dr. LaWanda Miller - Head Coach

# Camp Schedule - JULY 20, 2019 (10 am -3 pm) For PeeWees, PreTeens, & Teens!

9:00 am -Cheer Phi "Staff" Arrive 10:00 am -Introductions/Warm-up/Stretching 10:20 am -Fundamentals I

- Motions
- Lunges/Standing/Kneeling Positions
- Spirit
- !umps
- Stunts & Tumbling

10:50 am -Cheers/Chants/Dance

11:30 am -Lunch (Groups will rotate.)

- 12:35 pm -Fundamentals II
  - Dance w/ Pom
  - Cheers
  - Chants

1:15 pm -Review & Exhibition Preparation 2:00 pm -EXHIBITION & AWARDS PRESENTATION

### **CAMP NEEDS**

Tennis Shoes Registration/Payment Methods

Make Check or Money Order Payable to:

**Fayetteville State University Cheerleading Squad** 

Sign-Up deadline - July 17, 2019
Pre-registration Price - \$25

Day of Camp Registration - \$35 CASH ONLY.

Cash, Check, Credit Card or Money Order payments can be made on the campus of Fayetteville State University at the Cashiers Office in the Lilly Building. Please call Dr. Miller for group rates through June 30th.

For more camp information, contact LaWanda Miller at 910-672-1420, via fax 910-672-2128, or Imiller@uncfsu.edu