

*As the parent or guardian of the minor child participating in this camp, I acknowledge that I am completely aware of the inherent risks associated with cheerleading and dance and its related activities and hereby waive, release and discharge the Knights Cheer and Dance Camps LLC and its staff, UCF, the UCF Board of Trustees, the UCF Athletics Association the UCF Cheer and Dance Coaching staff and all of their respective members from any and all liability in the event that my child becomes injured during the camp. I also give permission for first aid to be administered in the event of an emergency.*

*I certify that the named camper is in good health and fully able to participate in all activities. My camper has no known restrictions that would limit her/him from participation.*

*I will be financially responsible for any medical attention needed during the Camp or resulting from an injury received at Camp. I represent that I have and maintain adequate health and medical insurance coverage for participant covering any and all activities related to the camp. My medical insurance shall be the insurance coverage for any medical treatment. I also understand and agree that Knights Cheer and Dance Camps, LLC shall not assume, or be responsible or liable for expense, medical treatment, or compensation for any injury to the named participant may suffer during camp participation or related activities.*

*Parent Electronic Signature*

*Date*