Truman State University Showgirls Tryouts
Informed Consent and Treatment Authorization

I, the undersigned, understand that the activity of dancing involves risk to the participant. I further acknowledge and understand that due to the nature of this activity there is a possibility that I (my child) may sustain physical illness or injury in connection with my (her) participation. I further acknowledge and understand that by participating (allowing my child to participate) I am assuming the risk of such physical illness or injury, and I further release Truman State University and its representatives from any claims for personal illness or injury that I (my child) might sustain during my (her) participation in this activity.

I am aware that Showgirls tryouts at Truman State University involve strenuous physical activity and include, but are not limited to, such activities as jumping, leaping, dancing, and stretching. I attest that I am (my child is) physically prepared for such activities and that I am (my child is) free from any medical conditions that might prohibit me (her) from safely participating in this activity. I agree (my child agrees) to comply with coach’s instructions regarding any and all standards for the duration of Showgirls tryouts.

In order that I (my child) may receive necessary medical treatment in the event that I (she) sustain injury or illness during participation in this activity, I hereby authorize the Showgirls coach or other supervising adult to obtain medical treatment for me (my child) for such an illness or injury during the activity, and I hereby hold Truman State University and its representatives harmless in the exercise of authority.

In the event of an emergency, please contact the following person:

______________________________________________________________________________________
Contact’s Name         Phone
______________________________________________________________________________________
Insurance Carrier       Group/Policy Number
______________________________________________________________________________________
Participant’s Signature       Date
______________________________________________________________________________________
Signature of Parent or Guardian       Date
(if under 18)