

# MWSU Mystics Dance Team Medical Release

## Medical Release Form

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*\*\*If you are under 18 years old, this must be completed by a parent/guardian \*\**

For safety and training purposes, please list any prior orthopedic injuries, with dates of injury, and any physical conditions that our staff should be aware of:

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The undersigned is aware of and acknowledges the risks associated with the participation in dance activities, including but not without limitation the risk of catastrophic injury, paralysis and even death. Nevertheless, it is the undersigned's desire to participate in clinics and to try-out for the MWSU Mystic dance team at Missouri Western State University. The undersigned assumes all risk of injury associated with said clinic and tryouts and specifically agrees to indemnify and hold free and harmless Missouri Western State University, its agents and employees, including without limitation the MWSU Mystics Dance Team, staff, coaches, and all other members of the Department of Theatre Cinema and Dance, from any and all claims or causes of action arising out of his/her participation in said clinic and tryouts, no matter what the cause. The undersigned further acknowledges and certifies that he/she is at least 18 years of age.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If under age 18, this form MUST be signed by a parent or guardian prior to participation.