

**WALK ON TRY-OUT FORM**  
**Consent to Participate and Acknowledgment of Risk**

I/We hereby acknowledge an awareness that participation in WALK ON TRY-OUT for the sport of (check one)  Cheerleading;  Dance;  WU Mascot;  Mic Man, involves risk of injury, possible paralysis, permanent mental disability, or death and that these injuries may occur in some instances as the result of unavoidable accidents.

I/We accept these risks in giving consent to participate in Wichita State University's Cheer/Dance/WU Mascot WALK ON TRY-OUT on this date of \_\_\_\_\_  
by the undersigned persons.

I/We also understand that a copy of CURRENT MEDICAL INSURANCE and a PHYSICIAN'S PHYSICAL dated within one year must be presented to the cheer coordinator before I/We can participate in the WALK ON TRY-OUT of aforementioned sport.

Return this WALK ON TRY-OUT form, along with a copy of insurance, and physicians physical to parties representing Wichita State University's Cheer/Dance/WU Mascot program prior to participating in tryouts.

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**Print Participant's Full Name** **Date of Birth**

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**Participant's Signature** **Date**

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**Parent / Guardian Signature** **Date**