

**East Texas Baptist University Cheer Program
Assumption of Risk Statement and Release of Claims
2011-2012**

Description of Organizational Activities: Cheer practices, cheer tryouts, spirit events, community events, game participation, travel for NCAA events.

For and in consideration of East Texas Baptist University permitting me to participate on the Cheer Squad of East Texas Baptist University for NCAA events, I hereby expressly assume all the risks associated with my participation and I release East Texas Baptist University, and its officers, trustees, agents and employees from all claims, demands, suits, causes of action, judgments, illnesses, injuries or property damage which I ever had, now have, or may have in the future or which my heirs, executors, administrators, or assigns may have, or claim to have against East Texas Baptist university, its officers, trustees, agents and employees arising out of or in any way connected with my participation in the above activities, caused by the acts, omissions, or negligence of East Texas Baptist University and its officers, trustees, agents and employees.

If I am under age of 18 years, I understand that I cannot participate unless my parent or guardian has signed below.

I have participated in these or similar athletic activities before, and I am fully aware of the risks and dangers inherent in these activities, including serious personal injury and death. I am aware that unanticipated and unexpected events may occur while I am participating in or observing these activities that may result in injury to me. I assume all risk of injury, illness and property damage that may be sustained by me in connection with these activities. I understand that my participation in these activities is voluntary. I further understand and agree that I am responsible for any medical or health expenses I may incur as a result of any injury or illness I may suffer in connection with these activities. I have also been advised that I may obtain health insurance through East Texas Baptist University's student health insurance policy. I understand that East Texas Baptist University will not be responsible for any medical or health expenses I may incur as a result of my participation in cheer activities.

This statement covers all events and occurrences associated with the cheer activities, including travel, participation and observation. If I have any concerns about my health or ability to participate, I agree to discuss my concerns with my physician before deciding to participate.

I further consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the doctor rendering treatment.

Name of Participant: (Please Print)_____

Signature of Participant:_____ Date:_____

If I require emergency medical treatment, please contact:

Name of Emergency Contact Person:_____

Home Phone:_____ Work Phone:_____

If the Emergency Contact Person I have listed is not available, please contact:

Doctor:_____ Phone:_____

If Participant is younger than 18 years old, Parent or Legal Guardian must also sign

Signature of Parent or Guardian:_____