

ANGELO STATE UNIVERSITY
Cheer Clinic Assumption of Risk and Release Agreement

I, _____, am fully aware of dangers and risks involved in participating in the Angelo State University Cheer Clinic (herein referred to as the "Activity"), which includes but is not limited to, loss or destruction of my property, transportation accidents, personal injury or illness and I choose to voluntarily participate in the Activity with full knowledge and understanding that I may be exposed to such dangers and risks. **I THEREFORE AGREE TO VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ALL SUCH DANGERS AND RISKS** to which I may be exposed as a result of participating in the Activity.

I understand and agree that Angelo State University cannot be expected to control all of said risks. In consideration for being allowed to participate in the Activity, I hereby expressly and knowingly **RELEASE ANGELO STATE UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL CAUSES OF ACTION, CLAIMS, AND DEMANDS I MAY HAVE FOR PROPERTY DAMAGE, PERSONAL INJURY, OR DEATH SUSTAINED BY ME ARISING OUT OF ANY TRAVEL OR ACTIVITY CONDUCTED BY, OR UNDER THE AUSPICES OF ANGELO STATE UNIVERSITY, WHETHER CAUSED BY MY OWN NEGLIGENCE OR THE NEGLIGENCE OF ANGELO STATE UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

I certify that I am physically and mentally able to participate in the Activity. I understand that if I am at all uncertain about my ability to participate, it is my obligation to consult my personal physician. I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility.

Further, I voluntarily and knowingly agree to **HOLD HARMLESS, PROTECT, AND INDEMNIFY ANGELO STATE UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES, AGAINST AND FROM ANY AND ALL CAUSES OF ACTION, CLAIMS, DEMANDS, LOSSES, OR COSTS OF ANY NATURE WHATSOEVER, ARISING OUT OF MY PARTICIPATION IN THE ACTIVITY, REGARDLESS OF WHETHER DAMAGES, INJURY, OR DEATH ARE CAUSED BY MY OWN NEGLIGENCE, OR BY THE NEGLIGENCE OF ANGELO STATE UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

Angelo State University shall notify me promptly in writing of any claim or action brought against it in connection with my participation in the Activity. Upon such notification, I, or my representative, shall promptly take over and defend any such claim or action.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

SIGNATURE: _____ DATE: _____
(Participant)

If the participant is under 18, I am signing as a parent or legal guardian to reflect my agreement to indemnify (that is, protect by payment or reimbursement) Angelo State University from any claim which may be brought by or on behalf of the participant, or any member of the participant's family, for injury or loss resulting from those inherent risks of the Activity, described above, and from the negligence of the participant or Angelo State University.

PARENT OR GUARDIAN NAME: _____

SIGNATURE: _____ DATE: _____