## SAM HOUSTON STATE UNIVERSITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

| Student's Name:  |
|--|
| Program: Dates of Participation:   |
| Dates of Tarticipation.  |
| In consideration for the permission extended to our child, by Sam Houston State University (SHSU) to       |
| participate in the above-named program and for the benefits that our child will derive from                |
| his or her participation, the undersigned, on their own behalf and on behalf of their child (their         |
| respective heirs, executors, and administrators) release, discharge, hold harmless, and otherwise          |
| release SHSU, its board of regents, and its employees ("the released parties") facilitating our child's    |
| participation in the above program, from any claims on account of our child's death or on account of       |
| any injury to him or her or for damage to his or her property that may occur or arise from any cause in    |
| connection with his or her participation in the above named program, regardless of whether such            |
| death, injury or damage, is caused in whole or in part by the negligence of the released parties. We       |
| understand and agree that the Sam Houston State University cheerleaders tryouts, workdays, and open        |
| practices are voluntary activities of the participant and that certain risks are inherent in a skilled and |
| physical activity such as this, including the possibility of physical injury. Notwithstanding such risks,  |
| we hereby voluntarily assume any and all risk for accidents, damages, losses, and/or injuries that our     |
| child may sustain resulting from participation in such cheerleader tryouts, workdays, or open practice     |
| activities. Sam Houston State University, its regents and employees <b>DO NOT</b> assume any liability     |
| associated with such tryouts, workdays, or open practices. We also certify that we are not aware of        |
| any personal health impediment that could adversely affect our child during, or a result of such tryout,   |
| workday, or open practice activities. In addition we certify that we have provided accurate and valid      |
| information regarding current medical insurance coverage. We rely upon no representation or promise        |
| by the released parties that is not stated in this document. We wish for our child to participate in this  |
| program, and we give our permission voluntarily and upon our own initiative, risk, and responsibility.     |
| Dated this the day of  |
| Participant (if over age 18):  |
| Parent/Guardian (if participant under 18):   |