

SAM HOUSTON STATE UNIVERSITY  
RELEASE AND ASSUMPTION OF RISK AGREEMENT

Student's Name: \_\_\_\_\_

Program: \_\_\_\_\_

Dates of Participation: \_\_\_\_\_

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 **DO NOT** 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 \_\_\_\_\_ of \_\_\_\_\_, 200\_\_\_\_

\_\_\_\_\_  
Participant (if over age 18)

\_\_\_\_\_  
Parent/Guardian (if participant under 18)

\_\_\_\_\_  
Witness