

SAM HOUSTON STATE UNIVERSITY
RELEASE AND ASSUMPTION OF RISK AGREEMENT

Name: _____

Program: _____

Dates of Participation: _____

In consideration for the permission extended to my/my child, _____ by Sam Houston State University (SHSU) to participate in the above-named program and for the benefits that I/my child will derive from 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 my/my child's participation in the above program, from any claims on account of my/my child's injury including death or property damage 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.

I understand and agree that the Sam Houston State University cheerleader 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, I HEREBY VOLUNTARILY ASSUME ANY AND ALL RISK FOR ACCIDENTS, DAMAGES, LOSSES, AND/OR INJURIES that I/my 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. I also certify that I am not aware of any personal health impediment that could adversely affect my/my child during, or as a result of such tryout, workday, or open practice activities. In addition I certify that I have provided accurate and valid information regarding current medical insurance coverage. I rely upon no representation or promise by the released parties that is not stated in this document. I wish for myself/my child to participate in this program, and give my permission voluntarily and upon our own initiative, risk, and responsibility. I certify that I have the authority to sign this document on behalf of myself or as legal guardian for my child.

Dated ____/____/____

Participant (if over age 18)

Parent/Guardian (if participant under 18)

Witness