

Acknowledgment and Assumption of Risk and Release

I am aware of the physical activities and the dangers involved in participating in the clinics, competitions, tryouts, related travel and all other activities of the Spirit Squads of the University of Oklahoma. I am aware that such activities can be dangerous and involve risk of injuries, which may be serious, including without limitation, damage to joints, ligaments, muscles, bones, neck, spine and other parts of the body.

My participation in the above events and in all activities related to the above events is a voluntary act with full and complete knowledge of the risks involved. I hereby voluntarily assume all such risks associated with my participation in the above events. Additionally, I agree to exonerate, save, indemnify, and hold harmless the OU Spirit Office, its employees, and volunteers; the University of Oklahoma, its officers, agents, and employees – including without limitation, equipment personnel, and physicians and other practitioners of the healing arts – from any and all liability, claims, causes of action, or demands of any kind and nature whatsoever, including without limitation, personal injury which may arise from or in connection with my participation in any activities related to the clinic or competition.

The terms of this document serve as an acknowledgement and assumption of risk and release for my heirs, estate, executioner, administrator, assignees, and all members of my family. I have read and understand this document and execute it as a free and voluntary act. Further, this document and the terms hereof are contractual and not a mere recital.

Participant Signature

Name printed

Date

Parent/Guardian

Name printed

Date

Emergency Information:

Contact Name

Phone

Please list any medications to which the participant is allergic or is currently taking. If participant is under medication, please check to make sure he/she brings his/her medication and that he/she takes the prescribed dosage.