

University of Wyoming Spirit Program

MEDICAL RELEASE & ASSUMPTION OF RISK

I, the undersigned, do hereby acknowledge and understand that I am voluntarily participating in the University of Wyoming Cheer Team Tryouts held on the University of Wyoming campus in Laramie, Wyoming. I further acknowledge that I understand the risks involved in the use of University facilities and equipment which may include, but are not limited to, bodily injury to head, arms, legs and internal organs. In addition, I have been advised of the rules and regulations of the Tryouts and agree to abide by them, as well as the American Association of Cheerleading Coaches and Administrators 2011-2012 College Cheerleading Safety Rules. I acknowledge and assume any and all such risks by participating in these Tryouts.

I agree that I am in good physical condition with no disability, impairment, or ailment that prevents engagement in active or passive exercise that will be detrimental or harmful to my health, safety, comfort, or physical condition or that of others who may so engage or participate. I agree that I will not participate in the Tryouts if I have any open cuts, abrasions, open sores, infections, maladies with the potential of causing harm to others, or otherwise in accordance with public health requirements.

In the event that I sustain injury as a result of participation in the Tryouts or cause injury to another or to property, I hereby agree on behalf of myself and all of my heirs and assigns, to indemnify and forever release and hold harmless the State of Wyoming, the University of Wyoming and any of its Trustees, officers, employees, and volunteers including, but not limited to, coaches, trainers, and supervisors.

Further, if for any reason in the course of my activities as a participant in the Tryouts, I am incapacitated to the extent or in such a manner that I am unable to secure the medical treatment reasonably necessary to address an injury or other health condition, I hereby authorize the Spirit Program coaching staff, or any representative of the University of Wyoming Department of Intercollegiate Athletics to secure such treatment on my behalf.

I have read and fully understand the contents of this Assumption of Risk and Release Agreement and execute same, as my own voluntary act. If under the age of 18 years of age, I understand that my parent or legal guardian will be required to sign this release on my behalf.

THE UNDERSIGNED, BY THE SIGNATURE BELOW, AFFIRMS THAT THEY HAVE CAREFULLY READ THIS ASSUMPTION OF RISK AND LIMITED RELEASE AGREEMENT, UNDERSTANDS ITS CONTENTS AND PURPOSES AND VOLUNTARILY AGREES TO ALL THE TERMS SET FORTH ABOVE.

Participant's Name (Printed): _____ Age: _____

Participant's Signature (if 18 or over): _____ Date: _____

Parent/Guardian's Signature (if under 18): _____ Date: _____

**I agree that I am the authorized parent/legal guardian, and I have legal capacity to agree to all terms in this document.*

Please note any allergies (including food allergies) or medical conditions we need to know about the participant:

Please list any previous concussions and dates they took place. If no previous concussions, please write "None":
