IMPORTANT NOTICE: PLEASE READ CAREFULLY AND UNDERSTAND FULLY BEFORE SIGNING.

RELEASE FROM LIABILITY AND HOLD HARMLESS AGREEMENT

PARTICIPANT NAME: _____________________________________ DATE: __________

1. As a parent or legal guardian of the above named person, I give my consent for participation in the cheerleading tryouts at Shelton State Community College, May 9-10, 2015. I understand that participation in gymnastics, stunting, cheerleading, dance, and related activities may result in unavoidable injuries due to the heights and motions involved. These injuries may include muscle strains, tears, broken bones, and severe injuries, such as permanent paralysis or death. I am fully aware of the risks and possibility of injury involved.

2. As a parent or legal guardian, I agree to provide health insurance for the above named person and to guarantee payment of any medical expenses incurred as a result of training, performing, or participating in this activity at Shelton State Community College.

3. In consideration for allowing the above named person to participate in the activities of Shelton State Community College, I waive any and all rights or causes of action against Shelton State Community College, its employees, the coach, and staff for Shelton State Cheerleaders, and the state of Alabama for any injuries suffered by my child. I hereby agree to protect Shelton State Community, its employees, the coach, cheer staff, and the state of Alabama against any such claim growing out of or resulting from any injury to the above named person in connection with the above mentioned activity, and to reimburse and make good any loss, damage, or cost that Shelton State Community College may have to pay if any litigation or claim arises from injuries, including costs of court and attorney fees.

4. I have read and understand the above and agree to be bound by the terms hereof.

____________________________________________      ________________________
Signature of Participant                                          Date

____________________________________________      ________________________
Signature of Parent/Guardian                                      Date