



## Cheer Cub Clinic Workshop Release Form

### ASSUMPTION OF RISK AND LIMITED RELEASE AGREEMENT

In consideration for being permitted by Brigham Young University to participate, and as an inducement to BYU to permit me to participate in the BYU Cheer Cub Clinic, I the undersigned, recognizing the hazards and dangers inherent in said activity and/or in the transportation to and from said activity and already knowing or having been advised of said dangers and fully acknowledging the risk of injury or death inherent therein, whether by my own actions, the actions of others or events beyond my control, do hereby agree to assume, and do knowingly and voluntarily assume, full responsibility for all of the risks surrounding my participation in said activity and any other activity undertaken as an adjunct thereto, and all risks associated with my own health problems and physical or emotional limitations; and furthermore, for myself, my heirs and personal representatives, I hereby fully release Brigham Young University and all its officers, employees and agents, without any limitation or qualification, as to any and all liabilities, claims, demands and actions which might be made by me or my estate on account of any losses, expenses or damages of any kind concerning property or personal injuries (physical or emotional) or damages of any kind concerning property or personal injuries (physical or emotional) or death which may result, directly or indirectly, from my participation in the aforesaid activity, unless any such damage or injury is primarily the direct result of a negligent act or omission by Brigham Young University or any of its officers, employees or lawful agents and not caused in part by my own negligence.

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.

Student's Name (Printed) \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Age \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_