

# Iowa Wesleyan University Cheerleading Assumption of Risk and Liability Release Form

PARTICIPANT NAME \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

I, \_\_\_\_\_ understand that the risk of injuries is an inevitable and inherent consequence of participating in Iowa Wesleyan University Cheerleading and that no amount of reasonable instruction and supervision, use of proper equipment or facilities will prevent injuries. I realize, and understand, that severe injuries are possible from participating in Iowa Wesleyan University Cheerleading, including the potential for life-threatening circumstances. I have carefully considered how the possible consequences of such an injury may impact my life, and despite this, I choose to assume this risk and to participate in Iowa Wesleyan University Cheerleading. I understand that Iowa Wesleyan University is not responsible for personal injuries or damages caused during my participation in this voluntary activity.

In accepting this risk, I expressly and explicitly release and discharge from responsibility and liability Iowa Wesleyan University of Iowa, the State System of Higher Education, the Commonwealth of Iowa, and the employees, officials or agents of any and all of the foregoing, pursuant to, related to, or arising from, any injuries to my person as a result of participating in Iowa Wesleyan University Cheerleading. In addition, I agree to indemnify and hold harmless, legally and otherwise, Iowa Wesleyan University of Iowa, the State System of Higher Education, the Commonwealth of Iowa, and the employees, officials or agents of any and all of the foregoing, pursuant to, related to, or arising from any injuries to my person as a result of participating in Iowa Wesleyan University Cheerleading.

I verify that I have health insurance, and acknowledge at Iowa Wesleyan University and the State System of Higher Education, the Commonwealth of Iowa, and their employees, officials or agents are not responsible for any health care expenses as a result of my participation in Iowa Wesleyan University Cheerleading.

I verify that I have no physical or mental disabilities, impairments or chemical dependencies that might inhibit my participation in Iowa Wesleyan University Cheerleading, and I agree to abide by all Iowa Wesleyan University regulation, directions and instructions regarding my participation in Iowa Wesleyan University Cheerleading.

In case of injury while participating in Iowa Wesleyan University Cheerleading, I hereby give advance permission to obtain medical services on my behalf including, but not limited to, paramedic treatment, transportation by emergency vehicle to a medical facility, and treatment by emergency physicians. All extraordinary measures are to be taken in regards to treatment and I shall assume all fiscal responsibility as to any treatment and services. I will indemnify and hold harmless Iowa Wesleyan University of Iowa, the State System of Higher Education, the Commonwealth of Iowa and their employees, officials and agents from any and all financial and legal obligations associate with emergency treatment, including all actions in seeking and obtaining this service.

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**EMERGENCY CONTACT PERSON:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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I, the undersigned, am at least 18 years of age, and competent to sign this release. By signing this release, I hereby acknowledge that I understand and voluntarily accept the hazards, risks, rights and responsibilities noted in this release.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

(If participant is under 18)