

DEVIL'S DARE LIABILITY RELEASE Team Name: _____ Participant: _____

In consideration of my minor child/ward ("my child") being allowed to participate, in any way, in the Blue Devil Cheerleading LLC's annual cheerleading competition, herein after shall be referred to as the Devil's Dare, I, the undersigned, do hereby agree that:

1. The risk of injury, to my child, from the activities involved with these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist: and,
2. For myself, my spouse, and child, I knowingly and freely assume all such risks, both known and unknown, even if arising from negligence of the releasees or others, and assume full responsibility for my child's participation: and,
3. I willingly agree to comply with the rules and conditions, for participation in the Devil's Dare. If I observe any unusual, significant concern in my child's readiness for participation in this competition, I will remove my child from participation and bring such to the attention of the nearest staff member immediately: and.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, hereby release Blue Devil Cheerleading LLC, it's officers, officials, agents and/or employees, Central Connecticut State University, Brian Moore, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises and equipment used to conduct the Devil's Dare, with respect to any and all injury, disability, death, or loss or damage to person or property incident to my child's involvement or participation in this competition, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY INDEMNIFY AND HOLD HARMLESS** all the above releasees from any and all liabilities incident to my involvement or participation in these programs, **EVEN IF ARISING FROM THEIR NEGLIGENCE, TO THE FULLEST EXTENT PERMITTED BY LAW.**

I have read this Release of Liability and Assumption of Risk Agreement, and fully understand its terms, as well as understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

PARENT/GUARDIAN SIGNATURE

PRINT NAME

DATE

Understanding of Risk: I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to the rules and regulations, and accept them as a participant.

PARTICIPANT'S SIGNATURE

PRINT NAME

DATE

EMERGENCY MEDICAL INFORMATION

Insurance Company: _____ **Subscriber/Policy Holder** _____

Company Address: _____ **Policy/Group #** _____

Insurance Company Phone _____ **Allergies (if any):** _____

Medications (if any): _____

EMERGENCY CONTACT _____ **RELATIONSHIP** _____

TELEPHONE _____ **WORK PHONE** _____

In the event of an emergency, I authorize Central Connecticut State University, its officers, officials, agents, and/or employees to obtain medical attention for my child. I understand that staff will make every attempt to contact one of the above persons in a non-emergency situation.

PARENT/GUARDIAN SIGNATURE: _____

Date: _____