

**LIABILITY RELEASE** Team Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check the applicable box:

I, the above participant (Participant) am eighteen years of age or above and acknowledge that I intend to participate in the Devil's Dare Cheerleading Competition at CCSU, 1615 Stanley Street, New Britain, CT 06050 on February 2, 2024.

I am the parent/legal guardian of the above-named participant (Participant) who is under eighteen years of age, and I am fully competent to sign this release. I give permission for Participant to participate in the Devil's Dare Cheerleading Competition at CCSU, 1615 Stanley Street, New Britain, CT 06050 on February 2, 2024.

I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, recognize that there are risks and hazards directly or inherently involved in the Activity and that Participant may become injured during participation. With full knowledge of the facts and circumstances surrounding this Activity, I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, voluntarily undertake this Activity/voluntarily give permission for the Participant to undertake this Activity and KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, OF PROPERTY DAMAGE, AND/OR PHYSICAL AND/OR EMOTIONAL INJURY AND HARM, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF BE MORE CHEER LLC OR CENTRAL CONNECTICUT STATE UNIVERSITY, FROM THE PARTICIPANT'S PARTICIPATION IN THIS ACTIVITY.

I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, assure officials of Be More Cheer LLC and CCSU that Participant has adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from the Participant's participation in this Activity. I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, assure Be More Cheer LLC and CCSU that there are no health-related reasons or problems that preclude or restrict the Participant's participation in this Activity.

IN CONSIDERATION OF BE MORE CHEER LLC AND CCSU PERMITTING PARTICIPANT TO PARTICIPATE IN THE ACTIVITY, I HEREBY ASSUME ALL THE RISKS ASSOCIATED WITH SUCH PARTICIPATION AND I AGREE TO HOLD BE MORE CHEER LLC, THE STATE OF CONNECTICUT, THE CONNECTICUT STATE UNIVERSITY SYSTEM, ITS BOARD OF REGENTS, AND CCSU, THEIR EMPLOYEES, AGENTS, REPRESENTATIVES AND VOLUNTEERS HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTION, CLAIMS OR DEMANDS OF ANY KIND AND NATURE WHATSOEVER, INCLUDING THOSE ARISING FROM THE NEGLIGENCE OF BE MORE CHEER LLC OR CCSU, WHICH MAY ARISE BY OR IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY. THE TERMS HEREIN SHALL SERVE AS A RELEASE AND ASSUMPTION OF RISK FOR MY HEIRS, ESTATE, EXECUTOR, ADMINISTRATOR, ASSIGNEES, AND FOR ALL MEMBERS OF MY FAMILY.

I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, have read the foregoing and fully understand its contents. I understand that by signing this assumption of risk and release of liability agreement, I will be giving up substantial rights and I sign this document freely and voluntarily without any inducement.

This document shall be construed in accordance with the laws of Connecticut, without regard to its principles of conflicts of laws.

Participant Signature (if 18 or over) \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian (if Participant is under 18) \_\_\_\_\_

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