

LOUISIANA TECH UNIVERSITY CHEERLEADING STUNT CLINIC

Please bring completed form (signed by guardian) with you on the day of the clinic.

Please bring a check or cash in the amount of \$30 with you on the day of the clinic.

Make all checks out to La. Tech Foundation

Name _____ E-Mail _____
Home Address _____
Phone Number _____ School & Grade _____
Emergency Contact _____ Phone Number _____

Louisiana Tech University Hold Harmless Agreement

Department: Student Activities

Activity: Cheerleader Stunt Clinic

All physical activity inherently carries some risk of injury, and certain types of activity are not appropriate for persons with limiting medical/health conditions. Louisiana Tech University recommends that each student or participant obtain a medical examination by a qualified medical doctor and be covered by an adequate accident and hospital insurance policy before participating in any program or activity requiring physical activity or exertion. If a student or participant is injured or has need of medical attention, the University will obtain whatever medical or ambulance service is needed to clear the medical emergency; however, it is understood that the student is responsible for the cost of these services.

I recognize that every activity has a certain degree of risk, some more than others. I knowingly and voluntarily assume the risk of these injuries, regardless of severity, which from time to time occur as a result of participation in physical activities. I will not participate in any activity if I am not in physical condition or if I have not been provided instruction and orientation sufficient for my safe participation.

I am either insured by a licensed provider of accident or health care insurance, or I assume personal risk of not being insured.

I hereby release Louisiana Tech University, the University of Louisiana System, State of Louisiana, all State Departments, Agencies, Boards, and Commissions, and their respective officers, employees, agents, or representatives from any and all liability, claims, cost, expenses, injuries, illness, or loss resulting from, in whole or part, including attorney fees, for my participation in the Louisiana Tech University activity shown above.

I, the undersigned, am at least eighteen (18) years of age and have read this release form and understand all its terms. If I, the undersigned, am under the age of eighteen (18) years, in addition to my signature, my parent or legal guardian also shall state their having read, signed, and understand this release form and all its terms.

DATE

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF GUARDIAN (if participant is under 18)