

ACTIVITY RELEASE FORM – Cheer Tryouts 2020

Read Carefully Before Signing

ANY PARTICIPANT OR PARTICIPANT GUARDIAN MUST COMPLETE THE FOLLOWING ACTIVITY RELEASE FORM

Participant Name: _____ Male Female Age _____

Participant Phone Number: _____

Participant Address (including city, state, zip code):

If under 18:

Parent / Guardian Name(s): _____

Parent / Guardian Phone Number(s): _____

Address (if different from above): _____

RELEASE / DISCLAIMER

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing activity and/or certain event(s) occurring in or about the premises, as well as any offsite location in connection with any program or event sponsored by Florida State University. I hereby assume full risk, waive all claims and release and hold, individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releases or any other third party.

I agree to wear all protective equipment required while participating in the activity, and I am fully aware and understand that Florida State University does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my participation in any program or event sponsored by Florida State University and the use of the Florida State University premises or facilities or offsite location, I hereby release and covenant not to sue the owner of the premises (leases), shareholders, directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by Florida State University.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Participant Printed Name: _____

Adult Participant Signature: _____ Date: _____

Parents or guardians must sign if applicant is UNDER 18.

Parent/Guardian Signature: _____ Date: _____