



# Medical Release Form

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Warning, Agreement to obey instructions, release, assumption of risk and agreement to hold harmless

(Both the applicant and a parent must read carefully and sign)

I am aware that participating in spirit squad activities is a high-risk sport and practicing or competing in spirit squad activities will be a dangerous activity involving MANY RISKS OF INJURY. I understand the dangers and risks of practicing and competing in spirit squad activities include, but are not limited to, death and serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury or impairment to other aspects of my body, general health, and well being. I understand that dangers and risks of practicing or competing in spirit squad activities may result in serious impairment of my future abilities to earn a living, to engage in other business, social, recreational activities and generally to enjoy life.

Due to the dangers of spirit squad activities, I recognize the importance of following all instructions regarding techniques, training, and other spirit squad rules, and agree to obey such instructions.

In consideration of the spirit squad permitting me to tryout for the University of Nebraska Spirit Squad and to engage in all activities related to the spirit squad including, but not limited to trying out, practicing, or competing in spirit squad activities, I hereby voluntarily and knowingly assume all the risks normally associated with spirit squad activities and agree to hold the Board of Regents of the University of Nebraska, the University of Nebraska Athletic Department, the University of Nebraska Spirit Squad Coach and Advisors, the University spirit squad members and any of the aforementioned employees, agents, representatives, and volunteers, harmless from any and all liability, actions, causes of actions, debt, claims or demands of any kind and nature whatsoever which may arise from such risks. The terms hereof shall serve as a release and assumption of risks form my heirs, estate, executor, administrator, assignees, and for all members of my family.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_