

Cheer & Pom Clinic Waiver

RELEASE, INDENIFICATION, AND HOLD HARMLESS AGREEMENT

In consideration for the Clinic Attendee being permitted to participate in the Arkansas Cheer and Pom Clinic on January 22nd (“Activity”), the undersigned, acting on behalf of ourselves and our child, and any heirs or assigns, hereby waive and release forever any and all rights for claims and damages we and/or our child/guardian may have against the Board of Trustees of the University of Arkansas, its current and former Trustees, officers, agents, employees, and the Arkansas Athletics Department, and the Clinic’s owners, officers, agents and employees, from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature which we or our child may have or which may hereafter accrue to our child, arising out of or related to any loss, damage, or personal injury (including, without limitation, death), that may be sustained by our child at any Activity, or to any property belonging to child, whether caused by negligence or carelessness on the part of the Board of Trustees of the University of Arkansas, its current and former Trustees, officers, agents, employees, or the Clinic and the Clinic’s owners, officers, agents and employees or otherwise, while our child is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

We accept, understand, and assume that there is a risk of injury in this Activity, due to the physical and athletic nature of the Activity, including, but not limited to, falls, contact with other participants, and running drills. The Clinic Attendee agrees to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

We understand that this Activity is neither administered nor sponsored by the Board of Trustees of the University of Arkansas and that the Clinic is providing the instruction and clinic Activities outside the scope of any affiliation with the University of Arkansas. We agree on behalf of ourselves, our Clinic Attendee, and any heirs or assigns to release, hold harmless, and indemnify the Board of Trustees of the University of Arkansas, its current and former Trustees, officers, agents, employees, or the Clinic, and the Clinic’s owners, officers, agents and employees from and against any and all claims and liability or damages of any kind or nature whatsoever arising out of or relating to the Activity.

Printed Name of the Clinic Attendee: _____

Signature of Clinic Attendee: _____

If the Clinic Attendee is a minor under the age of eighteen (18), signature of Parent or Guardian or Individual Acting as Guardian is required:

Signature of Parent or Guardian or Individual Acting as Guardian

Address & Telephone Number:

Please complete the Health Insurance Information on back side.

HEALTH INSURANCE INFORMATION

Private insurance information must be provided.

Camper's Name _____

Camper's Address _____
Street City State Zip

Camper's Phone Number _____ Date of Birth _____

Insurance Company Name _____ Effective Date _____

Address of Insurance Company _____

Phone Number of Insurance Company _____

Group # _____

Policy Holder's Name _____ Policy # _____

Policy Holder's Address _____
Street City State Zip

Relationship to Camper _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD (FRONT AND BACK)