



RELEASE OF CLAIMS

I, _____, am a student or have been accepted as a student at The University of Dayton and I am currently trying out to be a member of the University's Cheerleading team. The University of Dayton's Department of Athletics has agreed to allow me to use the University's athletics facilities (which include but are not limited to, UD Arena, Frerick's Center, and the Physical Activities Center) during my tryout for the team. I also recognize that, by trying out for the Cheerleading team, I risk sustaining personal injury.

I recognize that The University of Dayton is not, and cannot, be aware of my existing or potential physical problems at this time. I hereby represent that I am in a physical condition, which allows me to participate in the tryouts for the Cheerleading team without any unreasonable risk of harm to others or myself.

In consideration of being granted the opportunity to participate in these activities, I, for myself, my executors, administrators, and assigns, do hereby release and forever discharge The University of Dayton and its Board of Trustees, its administrators, faculty members, employees, agents, and students from any and all liability for losses, damages, injuries or costs, including but not limited to those described above, that may arise out of or that may in any way be related to such participation, whether caused by the negligence of The University of Dayton or otherwise. I understand that this Release means that, among other things, I am giving up my right to sue The University of Dayton for such losses, damages, injury or costs that I may incur.

I hereby attest and verify that I have full knowledge of the risks involved in these activities, that I assume any expense I may incur in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

As a participant of these activities, I also hereby agree that I must comply with University rules and regulations.

I have read this entire Release, I fully understand it, and I agree to be legally bound by it. I represent and certify that my true age is either 18 years old or, if I am under 18 years old on this date, my parent or legal guardian has signed the Agreement to Release and indemnify the University.

Participant's Name (Please print or type) _____ Date _____

Participant's Signature _____

Signature of Parent/Legal Guardian (if applicable) _____

In case of emergency, contact (please print):

Name _____ Phone _____