

Missouri State™

SPIRIT SQUADS

INSURANCE AND LIABILITY RELEASE FORM

I, THE UNDERSIGNED, FOR AND IN CONSIDERATION OF BEING ALLOWED TO TRY-OUT, PARTICIPATE, PERFORM AND PRACTICE THE SPORT OF CHEERLEADING, DO HEREBY RELEASE THE MISSOURI STATE UNIVERSITY, THE MISSOURI STATE SPIRIT SQUADS, ITS AGENTS, AND EMPLOYEES. WHILE ACTING WITHIN THEIR SCOPE OF EMPLOYMENT, FROM ANY LIABILITY FOR INJURIES OR ILLNESSES, PREEXISTING OR AGGRAVATED, OR THAT MAY BE INCURRED BY ME WHILE ENGAGED IN THIS PROGRAM. RECOGNIZING THAT CONDITIONING, PRACTICE, AND PARTICIPATION IN COED COLLEGIATE LEVEL CHEERLEADING INVOLVES BODILY CONTACT, PHYSICAL STRESS, AND THE POSSIBILITY OF INJURY; I VOLUNTARILY ASSUME ALL RISKS INCIDENT TO MY PARTICIPATION. I ALSO UNDERSTAND THAT NO ACCIDENTAL INSURANCE WILL BE PROVIDED FOR ME AND MISSOURI STATE UNIVERSITY WILL NOT PAY FOR ANY MEDICAL EXPENSES INCURRED ME.

IN FURTHER CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN THE SPORT OF CHEERLEADING AT MISSOURI STATE UNIVERSITY, I HEREBY INDEMNIFY MISSOURI STATE UNIVERSITY, THE MISSOURI STATE SPIRIT SQUADS, ITS AGENTS AND EMPLOYEES, WHILE ACTING WITHIN THE SCOPE OF THE EMPLOYMENT, FROM ALL CLAIMS THAT MIGHT ARISE, NOW OR IN THE FUTURE, AS A RESULT OF ANY INJURY OR ILLNESS SUSTAINED BY ME WHICH RESULTED FROM MY PARTICIPATION IN SAID ACTIVITY.

I, THE UNDERSIGNED, HAVE MEDICAL INSURANCE COVERAGE EITHER UNDER MY PARENT'S PLAN OR PERSONAL PLAN.

I, _____, HAVE READ THE ABOVE AND FOREGOING RELEASE AND INDEMNIFICATION AND I UNDERSTAND THE STATEMENTS CONTAINED THEREIN: I ASSUME ALL RISKS INVOLVED AND I HAVE WAIVED ALL RIGHTS, NOW AND IN THE FUTURE, TO ASSERT ANY CLAIM WHATSOEVER AGAINST MISSOURI STATE UNIVERSITY AND ITS AGENTS FOR INJURIES I MIGHT SUSTAIN, AND FURTHERMORE, THE MEDICAL INSURANCE VERIFICATION CONTAINED THEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF PARTICIPANT

DATE

WITNESS