**WAIVER/RELEASE FORM**

My minor child/ward, being allowed to participate in any way in the BPYAA Titans Cheerleading program, related events and activities, the undersigned acknowledges, appreciates, and agrees to the following:

I realize that cheerleading is a vigorous physical activity that involves running, jumping, kicking, lifting and rotation; coordinated body movements (tumbling, gymnastic skills, etc.).

I understand that participation in cheerleading involves certain inherent risks and that regardless of the precautions taken by Titans Cheerleading Program or the participants some injuries may occur. These injuries include but are not limited to:

1. Sprains, strained muscles

2. Broken bones, dislocated joints

3. Permanent disability

4. Quadriplegia

5. Death

These injuries may result from hazards such as but not limited to:

1. Stepping on uneven ground

2. Falling or being dropped by teammate

3. Being struck or run into by a football player(s), football, or officials required to be on the field of play

Adhering to the following safety rules may lessen the likelihood of such injuries:

1. Wear clothes that allow you to move freely (no jeans)

2. Wear tennis shoes (no sandals or flip flops)

3. Keep hair off shoulder (wear in pony tail, pigtails ,etc)

4. Do not wear jewelry (earrings, rings, bracelets, necklaces, etc)

5. Properly warm up before practices or games

6. No stunting without a coach or adult spotter’s help

7. No "horseplay" during practices or games

8. Be aware of where you are at on the field and where the other players are

9. Stay in the designated cheerleading area

I willing agree to comply with the program's stated and customary terms and conditions for participation. In order to properly protect my own child’s safety and that of fellow participants, I agree to follow these rules as well as any others that may be given by my child’s coach, official, sponsor or any other agent of the BPYAA BOARD and Titans Football and Cheerleading Program. Further, in recognition of the importance of shared responsibility for safety, I will remove my child and immediately report any noted deviations from the safety rules as well as any observed hazardous conditions or equipment to the coach, official, sponsor or agent of the Titan Football and Cheerleading Program.

I HAVE CAREFULLY READ THE FOREGOING DOCUMENT. I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS AND HAVE THEM ANSWERED. I AM CONFIDENT THAT I FULLY KNOW, UNDERSTAND, AND APPRECIATE THE RISKS INVOLVED IN ACTIVE PARTICIPATION IN CHEERLEADING.

HAVING BEEN INFORMED of the above program to provide games for girls and boys, I, the parent of the above-named registrant, do hereby give my approval of his/her participation in any and all of the activities during the current season. I ASSUME ALL THE RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES, and I, for myself, my spouse, my child, and on

behalf of my/our heirs, assigns, personal representatives and next of kin, do further RELEASE,

ABSOLVE, INDEMNIFY, AND HOLD HARMLESS the BPYAA BOARD & Titan Football and Cheerleading Program, the organizers, sponsors, supervisors, volunteers, other participants, advertisers, officials, and, if applicable, owners and lessors of premises used to conduct practices or games, any or all

of them. In case of injury to my son/daughter, I HEREBY WAIVE ALL CLAIMS against the organizers, the sponsors, or any of the supervisors appointed by them. I am voluntarily requesting permission for my son/daughter to participate.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian Print name Date

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and

regulation, and accept them as a participant.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participate Signature Print Name Date