

Acknowledgement of Risk
UNIVERSITY OF CONNECTICUT
SPIRIT~PRIDE~TRADITION PROGRAMS

Event Name: _____

Event Date: _____

This is an acknowledgement of risk made by _____ YOUR NAME HERE _____, (hereafter “PARENT”) as the parent/ legal guardian of _____ YOUR PARTICIPANT’S NAME HERE _____ (hereafter “PARTICIPANT”) (who is under 18), regarding the PARTICIPANT’s participation in the UConn Cheer or Dance Clinic hosted by the Spirit~Pride~Tradition Program on _____ DATE _____.

PARENT fully recognizes that there may be direct, indirect, or inherent risks and hazards involved in this activity, and it is with full knowledge of the facts and circumstances surrounding this activity and to the extent permitted by the laws of the State of Connecticut, that PARENT releases the University of Connecticut, its employees, agents and representatives from any liability whatsoever arising out the PARTICIPANT’s participation in this activity. **The following is a limited description and only some examples of the risks associated with this activity:** fractures, broken bones, concussions, bruises, sprains, torn muscles and ligaments, other physical injuries, accidents, illness, property loss or even death. PARENT also understands that the University of Connecticut does not require the PARTICIPANT to participate in this activity, but that PARENT is allowing the PARTICIPANT to do so, despite the possible dangers and risks.

PARENT confirms that no health or medical condition exists that would preclude or restrict the PARTICIPANT’s participation in this activity and that the University of Connecticut will not be held responsible for any medical costs that may directly or indirectly result from the PARTICIPANT’s participation in this activity.

PARENT agrees to assume all of the risks and responsibilities in any way associated with the PARTICIPANT’s participation in this activity and understand that this Acknowledgement of Risk shall bind the members of PARENT’s family.

PARENT authorizes the University of Connecticut to photograph and/or video record PARTICIPANT during the clinic and use and/or distribute any images or video in brochures, on the University’s websites, or in other University promotional material.

If any term of this document shall be held illegal, unenforceable, or in conflict with any law governing this document, the validity of the remaining portions shall not be affected thereby.

PARENT further states that they are PARTICIPANT’s Parent/Guardian, and are fully competent to sign this Agreement; and that PARENT executes this Acknowledgement of Risk for full, adequate, and complete consideration fully intending for them, for their PARTICIPANT, and for their PARTICIPANT’s family, estate, heirs, administrators, personal representatives, or assigns to be bound by the same.

PARENT OR GUARDIAN:

WITNESS:

(Printed Name)

(Printed Name)

(Signed Name)

(signed Name)