

I, \_\_\_\_\_, acknowledge that my daughter/son \_\_\_\_\_, is participating in a cheer clinic at High Point University.

I agree to, by signing this agreement, release the coach, volunteers, university cheerleaders, High Point University and its staff from any claim of negligence and/or injury, by ourselves, our daughter/son, our heirs, executors, and assigns, from liability arising from claims for damage for injury to our daughter/son and any claims for loss of damage to his/her property which may arise out of his/her participation in the High Point University cheer clinic on April 2, 2005. I also acknowledge that there is no insurance available for the cheer clinic.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of child

\_\_\_\_\_  
Date

Return form at Cheer Clinic Check-in or mail along with RSVP form to:

Tracy Lovejoy  
Cheerleading Coach  
High Point University  
833 Montlieu Avenue  
High Point, NC 27262