INFORMED CONSENT AND RELEASE
Washington University Cheerleading

As a student athlete of Washington University in St. Louis ("WUSTL"), I am fully aware that I may become injured while participating in cheerleading, a physically demanding sports program. I am hereby informed and totally aware of the risks and dangers associated with cheerleading and the additional risks which pertain to my own health status.

I have been informed that cheerleading is an activity which may involve airborne inversion of the body and therefore there is a possibility that any one of the routines involving my participation could lead to serious injury, paralysis, or even death, even when all participants are exercising due care.

I understand that I am required to be in good physical shape and condition and that the activities I am undertaking are strenuous and require physical and athletic agility. It has been fully explained to me that these activities include, but are not limited to a variety of gymnastics maneuvers, including somersaults, back handsprings and aerials; that there will be a variety of mounts, tosses, and stunts requiring the coordination of more than one participant on the squad; and that these activities will not be limited to any one site or venue, but rather will involve a variety of sites or venues throughout the year.

I represent that to the best of my knowledge and belief, I have no physical, medical, or mental disability or other limitation that restricts my ability to fully participate in this activity. I further agree to notify immediately the appropriate school personnel in the event of any change in my health status.

Because of the dangers of participating in intercollegiate athletics, I recognize the importance of following the instructions offered by the members of the sports medicine and/or coaching staff regarding the rules of participation, safety and other rules and instructions associated with my participation in intercollegiate athletics. I agree to obey any and all such rules and instructions.

In consideration of the WUSTL Department of Athletics, Sports Medicine staff and all other employees, agents, and students of WUSTL permitting me to participate in the aforementioned activity of intercollegiate athletics, including but not limited to, participation in practices and competition, I hereby assume all the risks associated with participation and AGREE TO RELEASE AND HOLD HARMLESS WUSTL, its governing board, officers, agents, faculty, staff, employees, students, agents, and volunteers (collectively, the “Releasees”) from all liability, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in intercollegiate athletics, including but not limited to, the events described herein. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administration, assigns, and for all members of my family. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by my family or others arising out of my participation in the aforementioned activities.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY HEREFIN AND AGREE TO ASSUME THE RISK OF MY PARTICIPATION IN THIS ACTIVITY. I FULLY UNDERSTAND THE TERMS OF THIS RELEASE, AND I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS RELEASE. I AM SIGNING THIS RELEASE VOLUNTARILY AND WITHOUT INDUCEMENT, COERSION, OR UNDUE INFLUENCE.

I further acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of the rules, injuries associated with this activity are still a possibility. I also understand that, in some cases, injuries may result in partial or total disability or even death. With full understanding of the foregoing, I affix my signature to this document of informed consent and release and, in the presence of a witness, affirm my intent to participate in intercollegiate athletics with appropriate knowledge of the inherent risks.

Participant Signature ____________________________ Participant Name (print) ____________________________ Date ______________

Witness Signature ____________________________ Witness Name (print) ____________________________ Date ______________

Parent/Guardian Signature (If Participant is under 18) ____________________________ Parent/Guardian Name (print) ____________________________ Date ______________