



TTU Varsity Spirit Squads

Box 5107 • Cookeville, TN 38505-0001 • (931) 372-3918 • Fax (931) 372-6379

www.tntech.edu/studentaffairs/recreation/

I, _____, acknowledge that I have voluntarily chosen to participate in the following activity: TTU Stunt Clinic on _____.

I understand that there may be risks associated with my participation in this activity and that such risks could result in loss, damages, injury or death. In addition to the general risks inherent in all activities (e.g., travel risks, premises risks, bodily injury risks, equipment risks and unforeseeable risks), I acknowledge that this activity may present specific risks including but not limited to the following:

Injuries from stunting, tumbling, dancing, hip hop tricks, turns, and leaps (neck and spinal injuries, injury to virtually all bones, joints, muscles, and internal organs). Injuries resulting from driving in a motor vehicle.

I acknowledge that I have had an opportunity to investigate the activity's requirements and the conditions under which I will be participating in the activity.

I represent that I am physically fit to participate in the activity and that I have adequate health insurance necessary to provide for and pay for any medical costs that I may incur during or arising from my participation in this activity. I acknowledge and accept full responsibility for any expenses incurred as a result of such emergency treatment to the extent such expenses are not covered by my insurance. I also agree to indemnify Tennessee Tech University for any liability, including attorney's fees, for any actions brought against Tennessee Tech University for any unpaid medical costs or bills I incur.

I will conduct myself in a responsible manner, act safely, abide by all federal, state, and local laws or ordinances, and follow the rules, procedures or instructions of the activity. I also agree to abide at all times by Tennessee Tech's rules related to student conduct when participating in this activity.

Participant's Signature _____

Printed Name _____

Date _____

Participant's Date of Birth _____

Participant's T Number _____

If the participant is under the age of 18, a Parent/Guardian must also execute this document and by doing so represents that s/he has the right to sign on behalf of the participant and acknowledges and/or agrees to the all the terms stated in this document.

Parent/Guardian Signature _____

Printed Name _____

Relationship to Participant _____

Date _____