

University of Tennessee at Martin Cheerleading

Statement of Understanding

I hereby certify that I fully understand the following:

1. Cheerleading involves a variety of gymnastics, partner stunts, motions and heights; therefore participation in cheerleading involves some amount of danger of personal injury. I totally assume the risk involved by participating in this open gym. I further realize that improper conduct of cheerleading activity could result in catastrophic injury, paralysis or even death.
2. I hereby certify that I have read, am thoroughly familiar with, and will carefully abide by the American Association for Cheerleading Coaches and Advisors (AACCA) guidelines for the safety in college cheerleading.
3. I further agree to hold harmless The University of Tennessee at Martin, coaches, staff, and cheerleaders from any injury in which I may incur by being a participant during Clinics, Practices, and Try Outs.

Statement: I have read carefully this memorandum, and I understand and accept the information and requirements within said document.

Print name: _____

Signature: _____

Date: _____

Medical insurance Company and Policy Number:

Medical insurance

Company: _____

Policy Number: _____

If under the age of 18 years old a parent or guardians signature is required.

Signature _____ Date _____