

HIGH SCHOOL DAY

Saturday, February 12th, 2022 \$35 Registration Fee (Discounts given for full team registrations)

(Last)	(First)	(Middle)	_
SSN:		DOB:	
Home Address:		ров.	
Email Address:		Cell Phone:	
High School:		Grade:	
Emergency Contact Name:			•
Emergency Contact Number:			

PARTICIPATION RELEASE AND ASSUMPTION OF RISK

The undersigned hereby acknowledges that he/she understands that participation in any spirit group activity at the University of Louisiana Monroe is purely voluntary and is not a part of the academic curriculum of the University.

In consideration of the University cooperating in making the program available and/or making any equipment or facilities available to the undersigned while participating in spirit group activity, the undersigned hereby releases ULM, its successors, assigns, officers, agents and employees from all claims, demands and causes of action whatsoever in anyway growing out of or resulting from the undersigned student's participation in the ULM spirit groups.

The undersigned further agrees that he/she understands that participation in a spirit group involves substantial risk of bodily injury.

It is expressly understood by the undersigned that he/she is solely responsible for all costs arising out of any bodily injury or property damage sustained through participation in normal and/or unusual spirit group activities. The undersigned is encouraged to get a physical examination before participating in spirit group activities and encouraged to obtain adequate bodily injury and property damage insurance coverage.

The signature of the parent or legal guardian appearing in the space indicated below signifies acceptance by said guardian that the terms and conditions here of shall be binding upon them and shall constitute a release by them of all claims, demands and causes of action whatsoever which any of them may have against ULM and its employees because of the undersigned student's participation in the activities described.

THIS RELEASES ULM, ITS SUCCESSOF PARTICIPATION IN ANY AND ALL SPII		ITS, AND EMPLOYEES FROM ANY LIABILITY RESULTI CTIVITIES.	NG FROM MY
I HAVE CAREFULLY READ AND UNDE	RSTAND COMPLETELY AND (CLEARLY THE ABOVE PROVISIONS AND AGREE TO BE	BOUND THEREBY
SIGNATURE OF APPLICANT	Age	Date	
SIGNATURE OF PARENT OR LEGAL G	GUARDIAN		