# UNM Spirit Program

## Participant Release and Waiver Form

**Name of Participant** _____

**Liability Release:**  I, _____, participant or as parent or legal guardian of _____, a minor (if participant is under the age of 18), hereby grant the permission necessary to allow participation in the UNM Spirit Program Clinics.   I, on my own behalf and on behalf of the participant, further agree to release and to hold harmless The University of New Mexico, Athletic Administration, UNM Spirit Program and Spirit Program Staff from any and all liability arising out of or connected with the UNM Spirit Program Clinics.   This includes any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and /or death) that participant may incur or sustain during the clinic or any activity associated with the event.  The terms hereof shall serve as a release and assumption of all risk for my heirs, estate executor administrator, assignees and for all members of my family.

**Assuming Risk:**  I, in my own behalf and on behalf of participant, acknowledge and agree that such participation subjects the participant to the possibility of physical illness or injury (minimal, serious, catastrophic, and/or death) and that I acknowledge that the participant is assuming the risk of such illness or injury by participation in the UNM Spirit Program Clinics.  Because of the dangers of participation in the UNM Spirit Program Clinics, I recognize the importance of following the instructions regarding practicing and performing based on the AACCA rules/guidelines set forth.

I, on my own behalf and on behalf of participant, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents.  I am aware that this form releases The University of New Mexico, Athletic Administration, UNM Spirit Program and Spirit Program Staff from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness.  I, on my own behalf and on behalf of participant, have signed this document voluntarily and of my own free will.


_____  _____

      **Signature of Parent of Legal Guardian**                        **Date**

      **(if participant is under the age of 18)**

Relationship to Minor: _____


_____   _____

           **Signature of Participant**                             **Date**

**Every participant must have an original, completed and signed release form in order to participate.**