

ROCKET CHEERLEADING CONSENT & ACKNOWLEDGMENT OF INJURY AGREEMENT

I/We, the undersigned parents and/or legal guardians of the below listed cheerleader, who is student in or around the Hopkins School District area and wishes to participate in Hopkins Rocket Cheerleading Program, and if accepted as a cheerleader, to participate in all cheerleading activities of the Hopkins Rocket Cheerleading Program, and in consideration of allowing our cheerleader to participate in such activity, give our consent for such participation by our cheerleader.

We understand that our cheerleader is required to be in good physical shape and condition and that the activities, which he/she will be asked and expected to participate in, are strenuous and require physical and athletic agility. It has been fully explained to us that these activities include, but are not necessarily limited to variety of gymnastics routines, including cartwheels, somersaults, round-offs, etc.; that there will be a variety of mounts and stunts requiring the coordination of more than one participant on the squad; that these activities will not be confined to any one site or venue, but rather a variety of sites and places throughout the season.

It has also been explained to us that cheerleading is an activity in which the risk of injury is high; that any one of the routines involving our cheerleader's participation in cheerleading activities in general could lead to serious injury, including partial or total paralysis, even death. We have also discussed with our child and among ourselves. Despite this understating of the possibility of serious or catastrophic injury or death and the risks involved, we still consent to the participation in this activity by our cheerleader.

We also understand that our cheerleader will be required to travel to locations off campus for the purpose of participating in cheerleading activities and that transportation will not be provided by the organization or the coaches of the rocket program.

We represent to the Hopkins Rocket Cheerleading Program that, to the best of our knowledge and belief, our cheerleader has no physical, medical, or mental disability or other limitations that would restrict his/her ability to fully participate in this activity as described and explained to us. We have been informed that it is recommended that our cheerleader receive a physical prior to participating in the activities described above. Although this is not required it is strongly recommended.

We agree to, and by the signing, of this agreement, release the coaches, assistant coaches, volunteers, of the Hopkins Rocket Program and the HYSO from any claim of negligence by ourselves, or cheerleader, our heirs, executors and assigns, from any liability arising from claims for damages for injury to our cheerleader and any claims for loss of or damage to his/her property which may arise out of his/her participation in the Hopkins Rocket Cheerleading program for this season.

In witness whereof, I/We have affixed our signatures to this agreement, dated: \_\_\_\_\_

Name of Participant/Cheerleader: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian