LIMITED REVOCABLE LICENSE AND GENERAL RELEASE

In consideration of permission to attend the IUPUI Cheerleading clinic and to use certain training facilities and equipment belonging to The Trustees of Indiana University-Purdue University Indianapolis, the undersigned, ____________________ (print name of clinic participant), of ________________, ____________ (participant’s hometown/city), hereby RELEASES AND FOREVER DISCHARGES the State of Indiana, the University, its agents, servants, employees, successors and assigns, of and from any and all debts, demands, actions, causes of actions, suits, proceedings, agreements contracts, judgments, damages, executions, claims, and liabilities whatsoever of every name and nature, whether known or unknown, whether or not well founded in fact, or in law, and whether in law or equity or otherwise, which the undersigned or the undersigned’s heirs, executors or administrators can, shall or may have for or by reason of such tryout or the use of the University training facilities and equipment during a tryout clinic. I agree to reimburse the University for any damages I may cause to any of the facilities or equipment I use.

LIMITATIONS ON USE: I understand that the University may terminate this permission at any time and I agree to use the facilities and equipment only in a safe manner and only at such times as are prescribed by the University or its agents.

I AM IN GOOD PHYSICAL CONDITION: I understand that certain levels of skill and physical fitness are required to participate in the clinic, and to use the University's facilities and equipment. I attest to the fact that I am sufficiently skilled and physically fit to engage in such activity.

MEDICAL INSURANCE: I agree to maintain, at no expense of the University, a policy of medical insurance sufficient to pay for any and all medical expenses I may incur for any injuries or illnesses I sustain or acquire during my participation at the clinic, and while using the University's facilities and equipment. I understand and agree that I shall not use the services of the University's athletic trainers, rehabilitation or testing facilities.

READ CAREFULLY BEFORE SIGNING.

SIGNATURE: __________________________ DATED: ____________

PRINTED NAME: ____________________

WITNESS: __________________________

(Parent must sign if clinic attendee is 18 years old or younger)

Rev. 1/28/13