



# Co-Ed Stunt Clinic

Saturday, February 7, 2015 1-4pm

ARC Large Aerobics Room

\$25.00 Check to UTC

Mail to: Ashli Skiles

601 East Fifth St.

Dept. # 7056

Chattanooga, TN 37403

Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Signed Form and payment must be received before entering practice area.**

**The University of Tennessee at Chattanooga**

HOLD HARMLESS AGREEMENT and WAIVER RELEASE

I, the undersigned, hereby acknowledge my receipts of the permission and privilege to participate in the activity of CHEER/DANCE/MASCOT SELECTION CLINIC and IF SELECTED FOR THE CHEERLEADER / Sugar MOC / Mascot PROGRAM.

In consideration of the permission and privilege allowed me hereunder, I do hereby specifically agree that I will indemnify, save, and hold harmless all members, officers, and advisers of the organization and The University of Tennessee and all its part-time and full-time employees and representatives and officers, and trustees from any and all losses, claims, actions, or proceedings of every kind and character which may be presented or initiated to recover money, property, or damages, for any injuries to persons, or injurious results, or any damages to property suffered during the conduct of activities of the student organization and arising directly or indirectly from my participation in said activity.

In accepting the permission and privilege under this "Waiver, Release and Hold Harmless Agreement," I understand that this agreement extends and applies to any personal injuries, injurious results, damages or losses which I, myself, may experience or sustain directly or indirectly arising out of activities organized or sponsored by this student organization. I covenant for myself, my estate, executor, heirs and assigns, not to file suit or initiate any claim procedures in respect to any personal injuries, property damages, or losses I may experience or sustain arising directly or indirectly out of my activities hereunder.

I freely assume all risks, hazards, and losses which shall apply to activities of the organization.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date