

**RISK ACKNOWLEDGMENT
AND
CONSENT TO PARTICIPATE**

Name: _____ Date of Birth: _____

Social Security Number: _____

I wish to participate in the sport of Cheerleading at the University of Arkansas at Monticello during the 2012-2013 academic seasons. I realize that there are risks involved in my participation. I understand that potential risks involve a full range of injuries from minor to severe. I recognize the possibility that I could become paralyzed, suffer permanent disabilities, or could be fatal as a result of my participation in this program. I agree to accept this risk as a condition of my participation. I further agree to follow all NCAA Cheerleading rules and guidelines. NCAA provides a secondary insurance for all UAM Cheerleaders.

Signature _____ Date _____

Name of Emergency Contact Person(s):

1. _____
2. _____

Phone Number of Emergency Contact Person(s):

1. _____
2. _____