Location: Ballentine fields

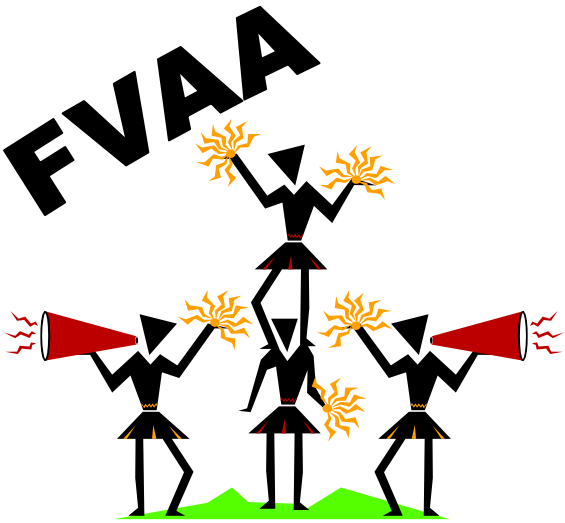
Cost: FREE

When: May 31, 2008 (Deadline to register May 23)

Clinic Time: 10:00 a.m. – 11:30 a.m. (registration begins at 9:30)

Eligible Cheerleaders: ages 5-13

Participants will receive instruction on cheerleading skills, attitude / behavior and sportsmanship. The camp will provide an atmosphere for learning, improving talents and having fun.



CLINIC '08

Cheerleader's **Last** Name _____ First _____ MI _____ Nickname _____ Age _____

Parents Last Name _____ First _____ MI _____

Cheerleader's date of birth _____ Home Phone _____ Father's Business or cell phone _____ Mother's Business or cell phone _____

CLINIC DAY – MAY 31, 2008

REGISTRATION DEADLINE May 23, 2008

There will be a concession stand during the clinic. The proceeds will go to benefit the FVAA Football & Cheer Program.

PARTICIPANT WAIVER

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

1. IN CONSIDERATION of being permitted to participate in any Fuquay Varina Athletic Association activity, I and/or my minor child, our personal representatives, assigns, heirs and next of kin:

2. ACKNOWLEDGE, agree, and represent that I and/or my minor understand the nature of Fuquay-Varina Athletic Association and that I and/or my minor child are qualified, in good health, and in proper physical condition to participate in such Activity. I further agree that if at any time I believe conditions or equipment to be unsafe, I and /or my minor child will immediately discontinue further participation in the Activity.

3. FULLY UNDERSTAND that: (a) FUQUAY VARINA ATHLETIC ASSOCIATION ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by me and/or my child's own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I and/or my minor child incur as a result of my participation in the Activity.

4. HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS, AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS, OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW;

5. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE FUQUAY-VARINA ATHLETIC ASSOCIATION, their respective member teams and leagues, their administrators, directors, agents, officers, volunteers, team members and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I and/or my minor child, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

6. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

By my/our signature, I/we certify that I/we have read points 1 through 6.

X_____ _____

Witness **Date**

X_____ _____

Parent / Guardian Signature **Date**

Return form to FVAA, 525 N. Main Street, Fuquay Varina, NC 27526 or fax to 552-8968!