**Arizona Desert Football Team/ Performance Team**

ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY

I, First and Last Name., give my consent to participate in clinics and/or activities (Activity) conducted and/or sponsored by the Arizona Desert Football League and/or performance team. I understand that participation in cheerleading, gymnastics, tumbling, dance, and related activities involves certain risks, and may result in unavoidable injuries due to the height, rotation, and motions involved in a unique environment. The injuries may include muscle strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risks and possibility of injury involved and acknowledge that I am assuming the risk of such injury by my participating in the Activity.

I further acknowledge that I have health insurance and will be responsible for any and all

medical and related bills that may be incurred by me for any illness or injury that I may sustain

during the Activity.

I further acknowledge and authorize the employees or agents of the Arizona Desert Football Team/ Performance Team, and Arizona Desert Football League / Performance Team to act according to their best judgment in any situation requiring medical attention, whether an emergency or not.

Knowing these facts and in consideration of my participation in the Activity, I agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents of Arizona Desert Football League, and Arizona Desert Football League/ Performance Team, the coaches and support staff of the Arizona Desert Football League, Arizona Desert Football/ Performance Team, and from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney’s fees and costs) arising out of or in connection with the Activity, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that I may incur or sustain during the Activity.

I acknowledge that I have read this Assumption of Risk, Release, and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:Month/Day/Year

Address:Full Adress.

Phone number: xxx-xxx-xxxx. (home/cell) circle or underline one