



PLEASE READ, SIGN AND RETURN WITH COMPLETED APPLICATION

BALTIMORE RAVENS

CHEERLEADER AGREEMENT AND LIABILITY RELEASE

AS A PARTICIPANT IN THE BALTIMORE RAVENS CHEERLEADER TRYOUTS AND/OR SEMINAR/DANCE CLINIC IN BALTIMORE, MARYLAND, I AGREE TO ACCEPT FULL RESPONSIBILITY FOR ANY RISK OR INJURY WHICH I MAY INCUR AS A RESULT OF ATTENDANCE AT OR PARTICIPATION IN THESE TRYOUTS AND/OR SEMINAR DANCE/CHEER CLINIC. I FURTHER AGREE, SHOULD I BE SELECTED AS A BALTIMORE RAVENS CHEERLEADER, THIS AGREEMENT AND RELEASE SHALL REMAIN IN FULL FORCE AND EFFECT, AND SHALL APPLY TO ALL ACTIVITIES (INCLUDING TRAVEL) IN WHICH I PARTICIPATE IN SUCH CAPACITY.

I, AND MY PAST, PRESENT AND FUTURE AGENTS, ATTORNEYS, REPRESENTATIVES, HEIRS, EXECUTORS, ADMINISTRATORS, FAMILIES, SUCCESSORS AND ASSIGNS, FOREVER RELEASE AND DISCHARGE THE BALTIMORE RAVENS, ITS SHAREHOLDERS, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, SUCCESSORS AND ASSIGNS (THE "RAVENS"), FROM ANY ACTION, CLAIM, DEMAND, LIABILITY, INJURY, LOSS OR DAMAGE WHATSOEVER RESULTING FROM OR ARISING OUT OF MY PARTICIPATION IN CONNECTION WITH THESE EVENTS.

BY MY PARTICIPATION IN THESE EVENTS, I EXPRESSLY REPRESENT THAT I HAVE ADEQUATE MEDICAL AND LIABILITY INSURANCE AND AGREE THAT THE RAVENS MAY RELY ON SUCH REPRESENTATION.

SIGNATURE: _____

NAME PRINTED: _____

DATE: _____

IF THE PARTICIPANT IS UNDER THE AGE OF 18 YEARS AS OF JUNE 1, 2009, SIGNATURE OF A PARENT OR LEGAL GUARDIAN IS REQUIRED. AS PARENT/LEGAL GUARDIAN OF THE ABOVE STATED PARTICIPANT, I HEREBY AGREE AND ACCEPT ALL OF THE ABOVE STATED TERMS ON BEHALF OF MY DEPENDENT.

SIGNATURE: _____

NAME PRINTED: _____

DATE: _____