



Hawaii High School Athletic Association

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2019 HHSAA CHEERLEADING STATE CHAMPIONSHIPS ASSUMPTION OF RISK AND RELEASE

I, the undersigned, certifies that _____
is in good physical health and is able to participate in all activities of the 2019 HHSAA Cheerleading State Championships.

I also understand that because of the inherent dangers and risks involved with participation in the 2019 HHSAA Cheerleading State Championships, that the above named must be covered during the said period by a medical insurance policy; and I further understand that neither the Hawaii High School Athletic Association (“HHSAA”) nor the Neal Blaisdell Center provides such insurance or otherwise indemnifies individuals with respect to injuries or other liabilities arising out of participation in the 2019 HHSAA Cheerleading State Championships.

Therefore, in consideration of the above-named being permitted to participate in the 2019 HHSAA Cheerleading State Championships, I hereby agree to assume all risks and responsibilities surrounding his/her participation in the 2019 HHSAA Cheerleading State Championships. I certify that the above-named has read and understands any and all written materials setting forth the requirements for participation in the above-referenced activity, as well as those explained by the tournament organizers, and that the above-named hereby agrees to strictly observe them. Further, I do for the above-named, myself, my heirs, executors, and administrators hereby accept full responsibility for the above-named’s participation and agree to indemnify, release, and discharge the HHSAA, the Neal Blaisdell Center, and their respective officers, directors, employees, volunteers, independent contractors, agents, and assigns from any and all claims or actions for property damage, personal injury, and/or death arising from such participation in the 2019 HHSAA Cheerleading State Championships or growing out of or caused by any acts or omissions during the above-named’s participation in the 2019 HHSAA Cheerleading State Championships.

Date _____

Date _____

Signature of Parent/Guardian

Signature of Participant 18 years or older

Print Name of Parent/Guardian

Print Name of Participant 18 years or older

