

Assumption of Risk/ Release of Liability Form

I understand and agree that the _____ of _____ of which I am a _____ involves certain risks and that regardless of the precautions taken by the organization, some bodily injuries may occur. Specific risks/hazards involved in the activity include, but are not limited to the following:

Click below to enter information about your organization's specific activity.

Knowing this information, in consideration of my participation in the organization's activity, I **expressly** and **knowingly release** the organization, its representatives, officers, advisors and agents; the University, the State, its officers, and employees, from any and all claims and causes of action for property damage, personal injury or death sustained by me arising out of any travel or activity conducted by or under the auspices of the organization caused by **risks associated by this activity** and/or the **negligence of the sponsoring group**. Participant acknowledges that the organization and the University/ State are separate legal entities and should be treated as such.

In addition, I understand and agree the organization cannot be expected to control all of the risks articulated in this form, but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility. **Neither the university nor** the organization carry medical or accident insurance for the activities mentioned unless the participants are informed otherwise. As such, participants should review their personal insurance portfolio.

Finally, I **voluntarily** and **knowingly** agree to **protect, hold harmless, and indemnify** the organization, its representatives, officers, advisors and agents; the University, the State, its officers, and employees, against all claims, demands, or causes of action for property damage, personal injury, or death, including defense costs and attorney's fees arising out of my participation in the organization's activity.

I have read the agreement and have willingly signed for the consideration expressed and with a full understanding of its purpose. Participant represents that he/she is eighteen (18) years of age or older and is otherwise competent to execute this agreement, or that his/her legal guardian is also signing.

Date: _____ DOB: _____

Print Name _____ ID: _____

Signature _____ Phone # _____

Local Address _____

In case of emergency, contact _____

at the following number _____

Health Insurance Company Name _____

Policy Number _____

Automobile Insurance Company Name _____

Policy Number _____

Please list any special services you may require due to an existing medical condition or physical disability: _____