

**ACTIVITY AND PARTICIPANT INFORMATION • PLEASE PRINT**

ACTIVITY		DATE(S)	
GUEST NAME		DOB	
EMAIL ADDRESS		PHONE NUMBER	

CAUTION: READ BEFORE SIGNING. THIS IS A RELEASE AND LIABILITY WAIVER.

**IN CONSIDERATION OF BEING PERMITTED TO VOLUNTARILY PARTICIPATE IN ANY WAY IN THE ABOVE-DESCRIBED ACTIVITIES (HEREINAFTER CALLED THE “ACTIVITY” OR “ACTIVITIES”) AND USE CERTAIN FACILITIES AND PROPERTY OF ANDERSON UNIVERSITY IN RELATION TO THE ACTIVITY, INCLUDING, WITHOUT LIMITATION, CERTAIN PROPERTY, FIELDS, BUILDINGS, RESIDENCE HALLS, TRANSITS, AND EQUIPMENT (COLLECTIVELY TERMED HEREIN “FACILITIES”), I, FOR MYSELF (AND/OR MY MINOR CHILD), THE HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS OF THE UNDERSIGNED, DO HEREBY COVENANT NOT TO SUE ANDERSON UNIVERSITY, THE BOARD OF TRUSTEES OF ANDERSON UNIVERSITY (COLLECTIVELY, HEREAFTER CALLED THE “UNIVERSITY”), ITS OFFICERS, EMPLOYEES, AND AGENTS, AND I DO HEREBY RELEASE, WAIVE, AND DISCHARGE FROM LIABILITY THE UNIVERSITY, ITS OFFICERS, EMPLOYEES, AND AGENTS FROM ANY AND ALL CLAIMS, INCLUDING THE CLAIMS ARISING FROM THE NEGLIGENCE OF THE UNIVERSITY, ITS OFFICERS, EMPLOYEES AND AGENTS, RESULTING IN PERSONAL OR EMOTIONAL INJURY, ILLNESS, PHYSICAL DISABILITY, DEATH, PROPERTY LOSS, AND DAMAGES ARISING FROM, BUT NOT LIMITED TO, PARTICIPATION IN THE ACTIVITIES OR USE OF THE FACILITIES.**

The above guest (the “Guest”) desires to stay overnight in accommodations owned by the University. In consideration and exchange for the privilege to stay overnight in University accommodations, from which I derive a unilateral personal benefit and value, I warrant and agree and bind myself as well as my representatives, beneficiaries, and dependents to the terms and conditions expressed within this Release and Liability Waiver

INITIAL

	(1) I certify, represent, and warrant to the University that I am at least eighteen (18) years of age and that I do not suffer from mental or physical condition which might impair my ability to understand and offer full authority to enter into the Release and Waiver of Liability, for and on behalf of myself.
	(2) I acknowledge that participation in the Activity and use of the Facilities is completely voluntary and is not required or mandated by the University. I further acknowledge that as part of the experience I may travel off campus for brief periods of time.
	(3) I acknowledge that through participation in the Activities, staying overnight, and use of the Facilities, there is a risk of personal and emotional injury, property loss, illness, physical disability, and death. I further acknowledge that the specific risks vary from one activity to another, but the risks range from (a) minor injuries such as scratches, bruises, and sprains (b) major injuries such as burns, eye injury or loss of sight, joint or back injuries, heart attack, and concussions, to (c) catastrophic injuries including paralysis, permanent disability, and death. The risk of injury from the Activity and use of the Facilities is significant. I further acknowledge that while precautions and personal discipline will minimize these risks, the risk of personal and emotional injury, property loss, illness, physical disability, or death is inherent to the Activities or use of the Facilities.
	(4) I agree and acknowledge that participation in the Activities and use of the Facilities is with full and complete knowledge of the risks and dangers involved, and I agree to accept and assume all risks of any nature whatsoever, including those which may lead to personal injury, emotional injury, property loss, illness, physical disability, or death.
	(5) If any illness or injury is suffered in any way connected to participation in the Activities or use of the Facilities, if possible, I will immediately notify the University.
	(6) I understand and acknowledge that an emergency may develop which necessitates the administration of medical care. In the event of injury or illness, I authorize the University to secure appropriate treatment including the administration of an anesthetic and surgery. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University has no obligation to provide or seek out any medical treatment for a participant.
	(7) I understand and acknowledge that it is participant’s responsibility not to exceed any guidelines that participant’s health care provider has established or may establish. I understand and acknowledge that it is solely participant’s responsibility to determine through consultation with their health care provider what their physical limitations are or may be and whether participant should or should not participate in the Activities or use the Facilities. I acknowledge that by participating in the Activities I am certifying that participant is physically and mentally able to do so and assume all risks associated with the Activities.
	(8) I have fully completed the electronic medical information form provided at the time of registration, and I certify that all information provided on the medical form is correct and accurate. I understand and acknowledge that by providing this information, the University is not assuming any liability, extra responsibility, or higher duty of care regarding the medical information provided.

