

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

THIS IS A LEGALLY BINDING RELEASE, WAIVER, INDEMNIFICATION OF LIABILITY, AND EXPRESS ASSUMPTION OF RISK.

Please read it carefully, fill in all blanks and **initial each paragraph** before signing.

\_\_\_\_ I, \_\_\_\_\_, hereby affirm that I have read this document in its entirety. By my signature below and by my **initialing each paragraph**, I agree to each and every term and condition of this document.

\_\_\_\_ I UNDERSTAND THAT PARTICIPATION IN \_\_\_\_\_ (hereafter referred to as "Event"), which involves \_\_\_\_\_, CARRIES WITH IT CERTAIN INHERENT RISKS AND DANGERS. THESE RISKS INCLUDE, BUT ARE NOT LIMITED TO: PERSONAL DAMAGE, INJURY, PARALYSIS, LOSS, DEATH, OR PROPERTY DAMAGE OR LOSS. I understand that these risks are described by way of example only, and that there are numerous other risks inherent in this activity to which I may be exposed. In the event of possible injury, I give permission for \_\_\_\_\_ to authorize the administration of medical care.

\_\_\_\_ IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN ANY WAY IN \_\_\_\_\_ at \_\_\_\_\_, on \_\_\_\_\_: I, on behalf of my myself and anyone claiming interest through me, DO HEREBY INTENTIONALLY, KNOWINGLY, AND VOLUNTARILY RELEASE, WAIVE, DISCHARGE, INDEMNIFY, AND AGREE TO HOLD HARMLESS \_\_\_\_\_, and all its members, governing board, officers, agents, employees, and any students acting as employees (collectively referred to as "Released Parties") FROM ANY AND ALL CLAIMS, ACTIONS, SUITS, PROCEDURES, COSTS, EXPENSES, DAMAGES, AND LIABILITIES brought as a result of my involvement in this event, whether such damage, injury, or loss results from NEGLIGENCE or some other cause, and to reimburse them for any such expenses incurred.

\_\_\_\_ I understand that Eastern Kentucky University recognize this organization, but that the organization is independent of ECU and is not an agent according to Policy 5.1.2., the Classification of Registered Student Organizations.

\_\_\_\_ I agree that this independent organization is NOT an agent of ECU.

\_\_\_\_ I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS. I understand that I signed this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made.

\_\_\_\_ I further agree that this document will be interpreted in accordance with the laws of the Commonwealth of Kentucky. If any term or provision of this document shall be held illegal, unenforceable, or in conflict with any law governing this document, the validity of the remaining portions shall not be affected.

Student Information \*Required Field if ECU student

\*First Name:

\*Last Name:

\*Student ID:

\*Phone Number:

\*E-mail Address:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Guardian (if under 18 years of age): \_\_\_\_\_





