

## Waiver of Liability, Assumption of Risk &amp; Indemnity Agreement

Elective/Voluntary Activities Waiver



Department: \_\_\_\_\_ Class/Activity: \_\_\_\_\_

**Waiver:** In consideration of being permitted to participate in any way in the following activity (include complete description of the Class or Activity, date(s), and any transportation):

hereinafter called "The Activity", I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue** the University of Redlands, its Trustees, officers, employees, and agents for liability **from any and all claims including the negligence of the University of Redlands, its Trustees, its officers, employees and agents**, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in The Activity.

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but in general the risks range from: 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; 3) catastrophic injuries including paralysis and death; and, 4) any of the injuries listed in items 1-3 above that result from transportation to and from The Activity. The risks specific to The Activity include:

(Initial here: \_\_\_\_\_) **By initialing here, I acknowledge that I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent** in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD the University of Redlands HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the laws of the state or country where The Activity takes place and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

**Consent to Admission and Treatment:** In the event of injury to the undersigned, born on \_\_\_/\_\_\_/\_\_\_\_\_, I hereby authorize the University of Redlands or representatives thereof to admit me to a facility for emergency medical treatment as may be deemed necessary to my health or welfare.

I hereby consent to whatever medical treatment is deemed necessary. I, on my behalf, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release the University of Redlands, its Trustees, its officers, employees and agents from any and all claims arising from my admission to such facility or from such treatment administered by such facility.

Signature of Participant	Print Name of Participant	Date	Age (if Minor)
Signature of Parent/Guardian of Participant if Minor	Print Name of Parent/Guardian of Participant if Minor	Date	

In the event of an emergency, please contact:

	Name:	Address:	Telephone:
Contact 1			
Contact 2			