

Intramural Sports Program Participant's Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

In consideration of being permitted to participate in _____ (Intramural Sports Program) sponsored by the Office Of Communiversity at Azusa Pacific University, during _____

I, _____ (printed name of participant) hereby voluntarily agree to release, waive, and agree not to sue Azusa Pacific University, its officers, employees, agents, volunteers, or co-sponsors of the program, for any and all claims, damages, costs, attorney's fees, or causes of action which I have or may have in the future, as a result of damages or injuries relating to the Intramural sports or travel to and from the Program, arising out of or incident to any negligent act or omission by Azusa Pacific University, its officers, employees, agents, volunteers, or co-sponsors of the Program. I knowingly and voluntarily give up valuable legal rights, including the right to sue.

I understand and agree that there exist risks of harm associated with participating in the Program which may give rise to bodily injury and/or property damage. These risks include, but are not limited to, those hazards associated with strenuous activity, exposure to heat or cold weather, exhaustion, dehydration, broken bones, concussion, torn appendages, dislocations, bruises, cuts, and any other injuries that may result in physical contact with others. I further understand and agree that there may be risks and dangers not known or reasonably foreseeable at this time. I understand and agree that included within the scope of this waiver and release is any cause of action, arising from the performance of or the failure to perform maintenance, inspection, supervision or control of the Program, or the failure to warn of existing dangerous conditions not known to or reasonably discovered by Azusa Pacific University, including all acts of negligence of Azusa Pacific University. I, the negligence of others, or by the negligence of Azusa Pacific University, its officials, officers, employees, agents, volunteers or co-sponsors of the Program, may cause these risks and dangers. **I knowingly and voluntarily assume full responsibility for these risks arising out of or related to my participation in the Event.**

I HAVE CAREFULLY READ, AND I UNDERSTAND, ACKNOWLEDGE AND AGREE TO THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT. I UNDERSTAND THAT I AM GIVING UP VALUABLE LEGAL RIGHTS BY SIGNING THIS AGREEMENT, AND THAT THIS AGREEMENT REPRESENTS A CONTRACT BETWEEN AZUSA PACIFIC UNIVERSITY AND MYSELF. I HAVE VOLUNTARILY CHOSEN THE ACTIVITIES IN WHICH I AM PARTICIPATING.

Address: _____

Phone #: _____ ID #: _____

Please Check One of the Following:

- I have medical and accident insurance with: _____
 - Policy # _____
- I have no medical or accident insurance, and I agree to pay any medical and/or dental expenses directly or indirectly related to my participation.

If the participant is under eighteen years of age, a parent's or legal guardian's signature is required for each minor child. Must complete an additional form (form A) signed by both the participants and their guardian.

Printed Name of Participant: _____

Participant Signature: _____ Date: _____

Must Have Witness Sign

Printed Name of Witness: _____

Witness Signature: _____ Date: _____