



Saint Martin's
UNIVERSITY

**Participant Information/Assumption
of Risk and Release**

Off-Campus SMU Sponsored Events Waiver

Activity Information:

Title: _____ Date(s): _____

Sponsoring Club/Department: _____

Participant's Name: _____

Telephone () _____ - _____ Date of Birth ____/____/____

Acknowledgement of Risk

I acknowledge that I have voluntarily chosen to participate in the above-mentioned activity organized by Saint Martin's University.

I understand the risks involved in this event and I agree to accept any and all risks associated with it including, but not limited to, property damage or loss, injury, illness and death. I recognize that participation in this event may involve hazards including, but not limited to, traveling to or from the location, vehicle accidents, criminal acts, trip (or slip) and fall injuries, limited availability of immediate medical care, and the possible reckless or negligent conduct of other participants or of third-parties. I am voluntarily participating in this event with the knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, bodily injury, illness or death.

Release and Indemnification

In consideration of my participation in this event and to the extent permitted by law, I agree to indemnify, defend and hold harmless Saint Martin's University from and against all claims arising out of or resulting from my participation. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting therefrom. I hereby voluntarily release and forever discharge Saint Martin's University, its trustees, officers, directors, employees, agents, volunteers and assigns from any and all claims, both present and future, that may be made by me, my family, estate, heirs or assigns. In addition, I hereby expressly agree to indemnify, defend, and hold harmless Saint Martin's University, its trustees, officers, directors, employees, agents, volunteers and assigns for any claim arising out of my participation in this event except for claims arising out of the sole negligence or willful misconduct of Saint Martin's University trustees, officers, directors, employees, agents, volunteers or assigns.

Student Conduct

I understand that the Saint Martin's University Code of Student Conduct and other University policies as stated in the Student Handbook in effect at the time of the execution of this waiver by me apply to this event. I agree to comply with such policies and to follow instructions from University faculty, staff, and chaperones. I understand that my violation of University policy or failure to follow instructions from leaders may result in my immediate removal from Intramurals and further disciplinary action in accordance with the Student Handbook.

Emergency Medical Treatment

I understand and acknowledge that in event of a medical emergency, Saint Martin's University, its authorized employees, representatives, agents or other participants will, if able, contact emergency medical services as well as the emergency contact listed below on my behalf. I hereby give my consent to such emergency medical assistance and/or treatment, and agree to be financially responsible for the reasonable cost of such services. If needed for treatment, I also authorize the University and its agents to release medical information to an insurance company or health care provider.

I have read and understand the above assumption of risk and release agreement and agree to be bound by its terms.

Signature of Student

Date

Signature of Parent/Guardian (if student is under the age of 18)

Date

Media Release: I understand that Intramurals leaders or participants may take photographs, videos, movies, or sound recordings during activities that may include images of me. I authorize Saint Martin's University and its assigns and transferees to copyright, use and publish such images in print and/or electronically, and agree that the University may use such images or recordings with or without my name and for any lawful purpose, including publicity, illustration, advertising, and Web content.
[If you do not want such images or recordings to be used, please check here. ____]

EMERGENCY CONTACT INFORMATION:

Parent/Guardian: _____

Daytime Phone: () _____ Evening Phone: () _____

In an emergency when family/guardian cannot be reached, please contact:

Name: _____ Relationship: _____

Daytime Phone: () _____ Evening Phone: () _____

Physician's Name _____ Phone _____

Health Information

Do you have any medical condition or allergy, or are you taking any prescription medication that we should know about?

