



RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK & WAIVER

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE NORTHERN KENTUCKY UNIVERSITY, ITS GOVERNING BOARD, AND THE STATE OF KENTUCKY FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW, AND TO WAIVE ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY WHICH MAY ARISE FROM SUCH ACTIVITIES.

PARTICIPANT'S FULL NAME: _____

DATE OF BIRTH (MO/DAY/YR): _____

ADDRESS: _____

LOCATION OF ACTIVITY(IES): _____

DATE(S) OF ACTIVITY(IES): START DATE: _____ END DATE: _____

Check one: **STUDENT** OR **NON-STUDENT**

DESCRIPTION OF ACTIVITIES:

INSURANCE INFORMATION:

IF STUDENT: I am aware that as a student of Northern Kentucky University, I can purchase accident insurance, either through Northern Kentucky University (*if available*) or through another insurance carrier or agent, and (*check one*) have have not exercised my right to do so.

NAME OF MEDICAL INSURANCE CARRIER: _____

POLICY NUMBER: _____

I, the undersigned participant, exercising my own free choice to participate voluntarily in the above-named activities, and promising to take due care during such participation, hereby release and discharge, indemnify and hold harmless the University, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at the above listed activities.

I acknowledge that I have been informed of the nature of the activities and that I am aware of the hazards and risks which may be associated with my participation in the above-named activities, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against the University, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in normal or unusual acts associated with the above-named activities.

If I require medical care while participating in the above listed activities, I authorize the University through its employees or agents to summon emergency medical care or to take me to the nearest medical facility for purposes of receiving medical care or to take me to the nearest medical facility for purposes of receiving medical care with the understanding that I will not hold the University, or its employees, agents or representatives responsible for the actions of the agents, representatives or employees of the medical facility and that I will assume any and all responsibility for payment of same.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release from Responsibility, Assumption of Risk, and Waiver.

READ, UNDERSTOOD AND AGREED TO THIS ____ DAY OF _____, 20 ____.

Signature of Participant whose printed name appears above:

Signature

Witness over 18 years of age (Participant must sign in the presence of the Witness)

If participant is under the age of 18, his or her parent or legal guardian must also sign:

I, (printed name) _____, am the parent or legal guardian of the participant who has signed above. I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Release from Responsibility, Assumption of Risk, and Waiver.

Signature of Parent or Legal Guardian

Witness over 18 years of age (Parent or Guardian must sign in the presence of the Witness)