

MESSIAH COLLEGE

Assumption of Risk and Liability Release

I understand that this is a legally-binding Release given by me, _____,
(Participant) to **MESSIAH COLLEGE** (College).

I understand that there are dangers and risks to which I may be exposed by participating in the following activity: Rec. Sports (sport) during the following dates or times: Academic School Year 20 -20. I understand that the College **does not require** me to participate in this activity, but I want to do so and choose to participate voluntarily, despite the possible dangers and risks.

I understand that the activity may involve significant physical exertion and that it is possible for me to suffer a serious injury during practice, conditioning, travel, or participation in the activity. I understand that such an injury could result in death or other serious physical and/or psychological harm and damage to me or my property. I have been warned of the significant non-obvious risks associated with this activity, have full knowledge of these risks, and realize that I am responsible for my own safety and wellbeing while participating in this activity.

I AGREE TO USE REASONABLE CARE WHILE PARTICIPATING IN THIS ACTIVITY. In consideration of being permitted to participate in the activity, I AGREE, on behalf of my family, heirs and personal representatives, TO ASSUME ALL THE RISKS AND responsibilities involved in my participation in the activity. I RELEASE and agree to indemnify and hold harmless the College, its trustees, employees, agents and volunteer activity leaders, from and against any present or future liability, claims or actions that may arise from injury or harm to me, from my death, from damage to my property, or for which I may be liable to another person, as a result of my participation in the activity EXCEPT FOR injury, death or damage resulting from the gross negligence or willful misconduct of the College.

I understand that the College will not have medical personnel available at the site of the activity. I have no health-related conditions which preclude or restrict my participation in the activity. I agree that the College is not responsible for my medical or medication needs and assume all risk and responsibility for such needs. I grant the College permission to authorize emergency medical treatment for me, if necessary, and agree to reimburse the College for any costs. Further, I agree that the College assumes no responsibility for any injury or damage which might arise out of or in connection with authorized emergency medical treatment.

I agree that this Release shall be interpreted in accordance with the laws of the Commonwealth of Pennsylvania. The invalidity of any part of it shall not affect the validity of the remaining parts.

I have read this entire Release and am signing it voluntarily on this date: _____.
I understand that I am giving up my rights to sue the College for injury, loss, or death which I may suffer as a result of participating in the activity. I agree to be legally bound by this Release.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

(Participant's Signature)

(Parent or Guardian Signature if Participant is under 18)

(ID Number)