St. Andrews University

WAIVER & RELEASE OF LIABILITY, ASSUMPTION OR RISK, INDEMNITY AND HOLD HARMLESS AGREEMENT	
Participant Name	Date(s) of Activity/Event
For and in consideration of being permitted to pa here):	articipate in the following activity or event (name and description of event or trip
St. Andrews University, (University) its agents a	nd employees and Participants agree as following:
involves certain inherent risks and that regardless	an(s) acknowledge and fully understand and agree that activity named above s of the precaution taken by University and its agents, some serious injuries may obysically fit and mentally capable of participating in the above activities and that anot be described as part of this document.
including but not limited to, following all safety rofficials; adhering to all University policies and p	of such injuries may be lessened by adhering to safety rules or procedures, rules, procedures, and instructions of the events sponsors and University procedures as well as local, state, and federal laws; properly wearing and ity in a responsible manner; and acknowledging the need to disengage from an urrants.
protect, indemnify, and hold harmless University officers, advisors and agents, the state of North C claims, demands, or case of action for property do or risks associated with this activity and/or the ne	participate in the activity, I/we voluntarily and knowingly agree to release, it trustees, individually and collectively, their employees, representatives, Carolina, its officers, and employees, (hereinafter: Releasees) from any and all amage, personal injury or death sustained by participant arising out of any travel egligence or any other acts or omissions of the sponsoring group or Releasees, ght by Participant, Parent(s) or Legal Guardian(s), his or her heirs, executors, resentatives.
In addition, I/we understand and agree that University cannot be expected to control all of the risks associated with the activity, but may need to respond to accidents and potential emergency situations. Therefore, I/we hereby give consent for any medical attention/ treatment that may be required during participation with the understanding that the cost of any such medical attention/ treatment that may be required during participation with the understanding that the cost of any such medical attention/ treatment will be my/our responsibility. Generally, University does not carry medical or accident insurance for activities noted. Therefore, I/we agree to review my/our personal insurance policy/coverage and provide the insurance information indicated below. I/we certify that I/we have read this Waiver and Release of Liability, Assumption of Risk, Indemnity and Hold Harmless Agreement and have willingly signed for the consideration expressed and with a full understanding of its purpose. I/we understand that I/we am/are giving up substantial rights by signing this agreement, and that I/we sign it voluntarily and fully intend this agreement to be a complete and unconditional release of all liability of the above Releasees to the greatest extent allowed by law. Participant represents that he/she is eighteen (18) years of age or holder and is otherwise competent to execute this agreement or that his/her Parent(s) or Legal Guardian(s) is/are signing.	
Parent/Legal Guardian Signature (if participant is	Date of birth:s under 18):
Emergency Contact:	Telephone Number(s)

THIS ACKNOWLEDGMENT CONSISTS OF ONE PAGE WITHI MUST BE COMPLETED, SIGNED, AND SUBMITTED PRIOR TO PARTICIPATION IN THE NOTED ACTIVITY.