



Waiver of Liability, Assumption of Risk, & Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in the

hereinafter

called "The Activity", I, as Participant, for myself, my heirs, personal representative or assigns, do hereby **release, waiver, discharge, and covenant not to sue** Chapman University, its Trustees, officers, employees, and agents from liability **from any and all claims including the negligence of Chapman University, its Trustees, officers, employees and agents**, resulting in personal injury, accident, or illness, including death and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. These risks range from (1) minor injuries such as scratches, bruises and sprains, (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, (3) catastrophic, life-altering injuries including paralysis, to (4) death. Other risks include:

I know, understand, and acknowledge these and other risks that are inherent in The Activity. I understand that organized travel may or may not be available to and from the event and I accept the risks inherent in any such arrangements and/or the risk associated with personal travel, including the use of my own vehicle or someone else's vehicle. I know, understand, and acknowledge these and other risks that are inherent in The Activity. I hereby accept that participation is strictly voluntary, and that by signing this document I knowingly assume all such risks.

Rules Associated with The Activity: I agree to follow any and all rules, regulations, or other protocol, policy or procedure promulgated for The Activity whether developed by Chapman University or other entity or individual associated with The Activity.

Representations Concerning Health: With full knowledge of the risks, participant represents to be in good health and does not have any condition which will interfere with ones ability to participate in The Activity or endanger his or her health in connection with The Activity. Participant has valid and current insurance to cover any injury or damage Participant may cause or suffer while participating in The Activity or otherwise agrees to personally bear the costs of such injury or damage. Participant authorizes but does not obligate Chapman University to provide emergency medical treatment in the event of an accident or illness that occurs while participating in The Activity and agrees to hold harmless and indemnify Chapman University for any and all actions taken by the University to provide necessary emergency medical care that results from The Activity.

Indemnification and Hold Harmless: I agree to INDEMNIFY and HOLD Chapman University and its Trustees, officers, employees and agents HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees brought as a result in my involvement in The Activity, including transportation, and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** as relates to The Activity to the greatest extent allowed by law.

Participant Name: _____

Date of Birth: _____

Signature: _____

Date: _____

Parent or Guardian Signature

If Participant Under 18 years: _____

Date: _____

Street: _____

City: _____

State: _____

Zip Code: _____

E-Mail: _____



CHAPMAN
UNIVERSITY

Name of Activity

Participant Name: _____

Signature: _____

Date of Birth: _____

Date: _____

Participant Name: _____

Signature: _____

Date of Birth: _____

Date: _____

Participant Name: _____

Signature: _____

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