

**SLIPPERY ROCK UNIVERSITY OF PENNSYLVANIA ASSUMPTION OF RISK AND LIABILITY RELEASE FORM For the 2017 SRU Track and Field
INDOOR All-Comer's Meets**

PARTICIPANT NAME _____ ACADEMIC YEAR _____ AGE _____

HOME ADDRESS: _____ PHONE #: _____

I, _____, understand that that the risk of injuries is an inevitable and inherent consequence of participating in the above-named event to be held at Slippery Rock University and that no amount of reasonable instruction and supervision, use of proper equipment or facilities will prevent injuries. I realize, and understand, that severe injuries are possible. I further understand and acknowledge that any of these risks and others, not specifically named, may cause injury or injuries that may be categorized as minor, serious, or catastrophic. Minor injuries are common and include, but are not limited to: scrapes, bruises, sprains, nausea, and cuts. Serious injuries are less common, but do sometimes occur. They include, but are not limited to: property loss or damage, broken bones, torn ligaments, concussions, exposure, heat-related illness, mental stress or exhaustion, infection, and concussions. Catastrophic injuries are rare, but can include permanent disabilities, spinal injuries and paralysis, stroke, heart attack, and even death. I have carefully considered how the possible consequences of such an injury may impact my life, and despite this, I choose to assume this risk and to participate in the above-named event. I understand that Slippery Rock University is not responsible for personal injuries or damages caused during my participation in this voluntary activity. In accepting this risk, I expressly and explicitly release and discharge from responsibility and liability Slippery Rock University of Pennsylvania, the State System of Higher Education, the Commonwealth of Pennsylvania, and the employees, officials or agents of any and all of the foregoing, pursuant to, related to, or arising from, any injuries to my person as a result of participating in the activity described above. In addition, I agree to indemnify and hold harmless, legally and otherwise, Slippery Rock University of Pennsylvania, the State System of Higher Education, the Commonwealth of Pennsylvania, and the employees, officials or agents of any and all of the foregoing, pursuant to, related to, or arising from, any injuries to my person as a result of participating in the fitness and health testing. I verify that I have health insurance, and acknowledge that Slippery Rock University and the State System of Higher Education, the Commonwealth of Pennsylvania, and their employees, officials or agents are not responsible for any health care expenses as a result of my participation in fitness and health testing. I verify that I have no physical or mental disabilities, impairments or chemical dependencies that might inhibit my participation in the activity described above and I agree to abide by all Slippery Rock University regulations, directions and instructions regarding my participation. I understand that it is my responsibility to inspect the course, facilities, equipment, and areas to be used, and if I believe or become aware that any are unsafe or pose unreasonable risks, I agree to immediately notify appropriate personnel. By participating in the event, I am acknowledging that I have found the course, facilities, equipment, and areas to be used to be safe and acceptable for participation. I accept full and sole responsibility for the condition and adequacy of my equipment. In case of injury while participating in the above-named event, I hereby give advance permission to obtain medical services on my behalf including, but not limited to, paramedic treatment, transportation by emergency vehicle to a medical facility, and treatment by emergency physicians. All extraordinary measures are to be taken in regards to treatment and I shall assume all fiscal responsibility as to any treatment and services. I will indemnify and hold harmless Slippery Rock University of Pennsylvania, the State System of Higher Education, the Commonwealth of Pennsylvania and their employees, officials and agents from any and all financial and legal obligations associated with emergency treatment, including all actions in seeking and obtaining this service. I UNDERSTAND FULLY THE INHERENT RISKS INVOLVED IN THE ABOVE-NAMED EVENT AND ASSERT THAT I AM WILLINGLY AND VOLUNTARILY PARTICIPATING IN THE EVENT. I have read the preceding paragraphs and acknowledge that 1) I know the nature of the above-named event; 2) I understand the demands of this activity relative to my physical condition; and 3) I appreciate the potential impact of the types of injuries that may result from the event. I HEREBY ASSERT THAT I KNOWINGLY ASSUME ALL OF THE INHERENT RISKS OF THE ACTIVITY AND TAKE FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, LIABILITIES, LOSSES, OR EXPENSES THAT I INCUR AS A RESULT OF PARTICIPATING IN THE EVENT.

EMERGENCY CONTACT PERSON:

Name _____

Address _____ Phone Number _____

Majority Age: I affirm that I have reached majority age (or will have reached that age by the date of the above-named event. Majority age is 18 in all states except Alabama (age 19), Nebraska (age 19), and Mississippi (age 21). I further affirm that I am competent to sign this release. By signing this release, I hereby acknowledge that I understand and voluntarily accept the hazards, risks, rights and responsibilities noted in this release. The terms of this release shall serve as a release and assumption of risk for my heirs, estate, executor, administrator assignees, and all members of my family.

Signature of Participant _____ **Date** _____

PARENT'S OR GUARDIAN'S RELEASE AND INDEMNIFICATION (Must be Completed for Minor Participants) The undersigned, ("Parent(s)"), certify that Parent(s) is/are the legal custodian(s) of _____ (**print minor's name – "Minor"**) and the Parent(s) and Minor have requested permission from Slippery Rock University for Minor to participate in the above-named event to be held at Slippery Rock University. Parent(s) represent(s) that Parent(s) has/have read and understood the preceding "Assumption of the Risk and Liability Release Form" to the end that Parent(s) appreciate(s) the risks and hazards of the activity and agree(s) that the terms and conditions of the Release Form will apply in connection with Minor's participation in the above-named event. Parent(s) release(s) any and all claims for any loss or damage sustained by Parent(s) as a result of Minor's participation in the above-named event, including claims for any medical expenses that Parent(s) may incur for treatment for injuries sustained by Minor. Parent(s) also agree(s) to indemnify and hold harmless Slippery Rock University, the State System of Higher Education and the Commonwealth of Pennsylvania from any and all claims for any loss, damage, injury, or expense arising from or connected in any way with Minor's participation in the above-named event that are brought by or on behalf of Minor or any other person having or claiming to have a right of recovery in connection therewith. INTENDING TO BE LEGALLY BOUND, Parent(s) has/have signed below.

SIGNATURE OF PARENT(S)

_____ Date _____

_____ Date _____