

## **RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

I, and my heirs, my executors, administrators and assigns, in consideration of my participation in the RMU BAND FALL RECRUITMENT WEEKEND on NOVEMBER 15 - 16, 2013 on the CAMPUS OF ROBERT MORRIS UNIVERSITY do hereby release and forever discharge Robert Morris University and its Board of Trustees, its administrators, faculty members, employees, agents, students from any and all liability for damages to or loss of personal property, other damages or losses, sickness, injuries or costs from whatever source, legal entanglements, imprisonment, death, or loss of money, including but not limited to those described above, which might occur or that may in any way be related to such participation, in the aforementioned event(s) whether caused by the negligence of Robert Morris University or otherwise. Specifically, I release said persons from any liability or responsibility relating to the participation in this event(s).

I understand this release means that among other things, I am giving up my right to sue Robert Morris University for any such losses, damages, injuries or costs that I may incur.

I understand that participation in this event is strictly voluntary and I freely chose to participate. I hereby attest and verify that I have full knowledge of the risks involved in this activity and state that I assume any and all risks associated with participation in this event. I verify that I will be responsible and will assume any expenses I may incur in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses, as a result of my participation. I understand that Robert Morris University does not provide medical coverage for me.

I hereby grant Robert Morris University specific permission to produce, publish, circulate, copyright, or otherwise use any and all photographs, and/or video of me and/or my family taken during this program, event or activity.

I represent and certify that my true age is eighteen (18) years or older, or, if I am under 18 year old on this date, that my parent or legal guardian has signed the Agreement to Release and Indemnify Robert Morris University.

I have read this entire Release. I fully understand it, and agree to be legally bound by it.

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_

Participant's Signature \_\_\_\_\_

Date(s) of Participation \_\_\_\_\_

Parent or Legal Guardian's Signature \_\_\_\_\_  
(if under the age of 18)

In case of emergency contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_