

Bluffton University

WAIVER AND RELEASE OF ALL CLAIMS 2009

Participant Name: _____ (age)_____

_____ (age)_____

Assumption of Risk and Agreement to Participate:

As a participant in the activities or programs at Bluffton University, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risk of any injuries, including death, damages or loss which I or my child may sustain as a result of participation or use of such facilities, activities or programs. I agree to look to my private physician for medical advice and care and to notify instructors of any physical limitations I or my child may have or modifications needed. As a participant, I or my child agree(s) to adhere to rules of the facility and instructional staff or agents.

Waive, Release & Indemnify:

I hereby waive, release and discharge any and all claims I may have or may acquire against Bluffton University, its officers, agents, servants and employees as a result of my participation or my child's participation in the activities and programs of Bluffton University. I agree to indemnify and hold harmless Bluffton University, its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses, including death, sustained while I or my child are using Bluffton University facilities, except for willful and wanton misconduct by Bluffton University or its authorized personnel.

I have read and fully understand the above Waiver and Release of All Claims Form.

Signature of Participant (if over 18yrs.) or Guardian Date