

UNIVERSITY OF AKRON

CONSENT TO PARTICIPATE AND RELEASE OF LIABILITY

I, the undersigned, do hereby state that I wish to participate in activities sponsored by _____, a student organization at the University of Akron.

The above indicated student organization and The University of Akron make no representations or claims as to the condition or safety of the land, structures or surroundings, whether or not owned, leased, operated or maintained by the University of Akron and/or the above indicated student organization.

I understand that all activities are VOLUNTARY and that I do not have to participate unless I choose to do so. I understand that these activities are potentially dangerous or harmful to my person or property, and that by participating voluntarily accept and assume the risk of injury to myself, up to and including death, or damage to my property.

In exchange for allowing me to participate in these activities and events, I agree to release from liability, agree to indemnify, and hold harmless The University of Akron and the above indicated student organization, and any agent, officer or employees of the University of Akron and any agent, officer or employee of the above indicated student acting within the scope of their duties, for any injury to myself, up to and including death, or damage to my property.

This Release of Liability shall be binding upon myself, successors in interest, and/or any person(s) suing on my behalf.

I have read the statements in this document. I agree with its terms and have voluntarily signed it. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon The University of Akron and/or the above indicated student organization or its officers, agents and/or employees.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Signature

Date

Print Name