

**THE UNIVERSITY OF AKRON STUDENT RECREATION AND WELLNESS  
RELEASE AND WAIVER OF LIABILITY / EMERGENCY MEDICAL AUTHORIZATION**

In consideration for receiving permission to participate in \_\_\_\_\_, I hereby agree forever to RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE The University of Akron, its Board of Trustees, officers, employees, agents, contractors, or volunteers (collectively referred to as "Released Parties"), for any and all personal injuries, death, loss of or damage to my property, or any other damages whatsoever, from whatever cause, supervised or unsupervised, including but not limited to negligence, resulting from my participation in the above-described activities of The University of Akron (including any transportation to and from any such activities).

I fully understand that this activity may be physically demanding and I am aware that it may involve hazardous activities, and may involve risk of serious personal injury or death. I am voluntarily participating in these activities with the knowledge and appreciation of the specific dangers involved and hereby voluntarily agree to accept and assume all risks of personal injury, death or any other damages or losses to my person or property.

I hereby agree that in the event any claim arising out of or incidental to personal injury, death or any damages to me shall be filed against any Released Parties, I shall indemnify and hold harmless such Released Parties against any and all such claims, including attorney's fees incurred by the University in defending any such claims.

In the event of illness or injury resulting or arising directly or indirectly out of my participation or involvement with the above-described activity, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by employees of The University of Akron, or (2) the administration of any treatment deemed necessary by a licensed physician or dentist, and (3) the transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performances of such surgery; and

I represent that I have no allergies, physical impairments, or any other disabilities and that I am not taking any medication, which medication (or physical impairment) would preclude me from participating in said activity. I understand and agree that in the event first aid or medical care should become necessary, I am fully responsible for any and all costs associated with the transportation to and provision of such care.

I HAVE CAREFULLY READ THIS RELEASE, WAIVER OF LIABILITY AND EMERGENCY MEDICAL AUTHORIZATION FORM AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS RELEASE AND WAIVER OF LIABILITY (INCLUDING BUT NOT LIMITED TO LIABILITY OF NEGLIGENCE) IS A RELEASE OF LIABILITY AND AN INDEMNIFICATION AGREEMENT AND THAT I HAVE SIGNED IT OF MY OWN FREE WILL. I UNDERSTAND AND AGREE THAT PARTICIPATION IN ANY AND ALL ACTIVITIES WITHIN THIS FACILITY AND/OR SPONSORED BY THE UNIVERSITY OF AKRON IS VOLUNTARY. I FURTHER UNDERSTAND AND AGREE THAT USE OF THIS FACILITY AND/OR PARTICIPATION IN ANY ACTIVITY SPONSORED BY THE UNIVERSITY IS AT MY OWN RISK AND THAT THE UNIVERSITY IS NOT RESPONSIBLE FOR ANY INCIDENTS, INJURIES OR LOSS OF PROPERTY THAT MAY OCCUR.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number (1): \_\_\_\_\_ Phone Number (2): \_\_\_\_\_