



LIABILITY WAIVER AND MEDICAL RELEASE

Name

I will be participating in the following activity: _____.

I acknowledge that I make this waiver on a voluntary basis, that there may be risk to myself and I voluntarily assume that risk. This assumption is made freely and knowingly without any coercion from anyone.

I fully recognize that there are dangers and risks to which I may be exposed by participating in the activity during the following dates: _____. These risks include, but are not limited to: catastrophic injury, paralysis, emotional distress, strains, sprains, cuts, bruises, broken bones, and other injuries up to and including death. I am in good health and know of no medical reason why I should not participate in this activity.

I agree to assume all of the risks and responsibilities in any way associated with this activity. In consideration of and return for the services, facilities, and other assistance provided to me by the University in this activity, I release, indemnify and hold harmless Baldwin Wallace University, its employees, faculty, community partner organizations, and agents, from any and all liability, claims, and actions that may arise from injury or harm to me, from my death, or from damage to my property in connection with this activity. I understand that this Waiver and Release covers liability, claims, and actions caused entirely or in part by any acts, or failure to act of the University, its employees, faculty, community partner organizations, and agents, including but not limited to negligence, mistake, or a failure to supervise.

Further, I grant all coaches or responsible faculty or staff affiliated with Baldwin Wallace University, and /or, in their absence, other responsible adults present and acting on their behalf, permission to act in the area of obtaining medical treatment. I also assume financial responsibility for any medical treatment for myself, or my child. I certify and understand the contents of this consent form and my signature represents my consent on my behalf or, in the case of a minor, on behalf of the minor.

I recognize that this Release means I am giving up, among other things, rights to sue the University, its employees, faculty, coaches, and agents for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

I understand and acknowledge that my participation in this activity is **not** covered under the insurance of Baldwin Wallace University.

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

Participant Signature

Date

Parent Signature (if minor)

Date