



Section One: Affirmation and Liability Release

Many Wittenberg University programs, activities and workshops, hereinafter collectively referred to as “Events”, involve substantial risks of injury, property damage and other dangers associated with participation in such Events. Dangers associated with such activities include, but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack, heat exhaustion, animal attack, and death.

Each participant in an Event with Wittenberg University should realize that there are inherent risks, hazards and dangers involved in such Events, including the training, preparation for, and travel to and from such activities, as well as the activities themselves. It is the responsibility of each participant to engage only in those Events for which he/she has the prerequisite skills, qualifications, preparation and training.

Wittenberg University, hereinafter referred to as “University”, does not warrant or guarantee in any respect the competency or mental or physical condition of any Staff Member, Trip Leader, Vehicle Driver, Instructor, or individual participant in any Events.

I have read the above notice carefully and wish to participate in the Event. In consideration of the services to be rendered by the University in organizing the Event and in consideration of my participation in the Event, I hereby agree to the following:

I hereby assume all risks of damages or injury, including death, that I may sustain while participating in or as a result of, or in any way growing out of any aforementioned Event, as well as travel to and from such Event.

I understand that my participation in this Event is entirely voluntary and at my own risk. I fully understand the scope of the activities surrounding the Event and the potential risks involved in the Event. I agree to assume the risks of my participation in the Event, including the risk of catastrophic injury or death.

I understand that some drivers of the vehicles in which I ride while attending this Event, the owners, employees, officers or agents offering the Event, enterprise or vendor of which I take part or participate during the Event, the staff or employees of any site I visit, the other participants attending the Event (whether associated with my group or not), and other third parties (collectively, “Third Parties”) are not the agents or employees of the University and that dangers may be caused by the negligent or intentional act(s) or omissions of such Third Parties. I understand that the University is not responsible for any injuries or property damage that may be caused by the acts or omissions of such Third Parties.

I understand that in order to remain a participant, I must follow all University policies and adhere to Staff Member, Trip Leader, Vehicle Driver or Instructor instructions during the Event. Participants will be held accountable for behavior that violates the University’s Student Code of Conduct. I understand that any violation of these policies and regulations may result in sanctions up to and including, in appropriate circumstances, referral to the University’s Police Division.

The University does not provide insurance coverage for participants in recreational activities; each participant should carry his/her own accident and health coverage.



I have read the entire Agreement, I fully understand it, and I agree to be bound by it. By signing below, I agree to the terms stated here and in the accompanying "Policies" document and hereby certify that I am 18 years of age or older, or if I am under 18 years of age on this date, my parent or guardian has signed this Agreement on my behalf. By initialing below, I am willingly participating in the University's related Event with the understanding that I am responsible for all expenses incurred if it is necessary for the Staff Members, Trip Leaders, Vehicle Drivers, and/or Instructors to seek medical, rescue, or evacuation services for me.

_____ *Please initial (parent/guardian if under 18)*

Section Two: Release and Waiver of Liability and Covenant Not to Sue

The undersigned hereby acknowledges that participation in risk oriented Events involves an inherent risk of property damage and/or bodily or personal injury, including death, and assumes all risks. The undersigned hereby agrees that for the sole consideration of the University allowing the undersigned to participate in this Event for which or in connection with which the University has made available any travel arrangements, facilities, equipment, grounds, or personnel for such Event or to the undersigned while participating in any such Event, the undersigned does hereby release and forever discharge the University, its departments, agencies and instrumentalities and all of their respective officers, members, employees, and agents, or any of their members individually of any and from all claims, demands, rights, and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from any participation in any way connected with such Event.

I further covenant and agree that for the consideration stated above, I will not sue the University, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of any voluntary participation in above said activities. I understand that the acceptance of this release and covenant not to sue the University shall not constitute a waiver in whole or in part, of sovereign or official immunity by its members, officers, agents, and employees.

By signing below, I agree to the terms stated above and hereby certify that I am 18 years of age or older or if I am under 18 years of age on this date, my parent or guardian has signed this Agreement on my behalf. Your initials below attest that you have read and understood the above sections of this form, that you have had time to ask questions pertaining to the Event, and that the information you have provided is truthful and accurate.

_____ *Please initial (parent/guardian if under 18)*

Section Three: Swimming Ability (Water-Related Events Only)

We ask that you assess your swimming ability and highly recommend you be a strong swimmer (able to swim at least 50 meters and tread water for at least 1 minute) when participating in water-based Events.

- Assess your swimming ability
- Inform your Staff Member(s), Trip Leader(s), Vehicle Driver(s), and/or Instructor(s) of your swimming ability



Your initials below attest that you have read and understood the above sections of this form, and will be truthful and cautious when engaging in water-related activities.

_____ *Please initial (parent/guardian if under 18)*

Section Four: Photography/Video/Interview Release

I hereby grant to Wittenberg University the irrevocable, assignable, worldwide right and permission to use, alter and publish my image, alone or together with other images and text, for University publications and for all other purposes reasonably related to promotion of the University, in any manner and in any medium now known or future developed, without the need for my prior approval. This release will govern all images of me by the University, whether created before or after the date of this release, unless I notify Wittenberg University in writing that I desire to exclude specific images from this release. I hereby release the photographer and/or videographer and Wittenberg University, its agents and assigns, from all claims and liability relating to the licenses I have granted in this release. This release will not obligate the University to use or publish my image or use the rights I have granted. I also acknowledge that since my participation in such promotion is voluntary, I will receive no financial compensation.

_____ *Please initial (parent/guardian if under 18)*

Section Five: Medical Authorization

I am physically and mentally capable of participating in the program. I understand that I am responsible for arranging any necessary medical care, medications, or vaccinations that I may require prior to or while participating in the Program.

However, in the event that I am unable to authorize medical treatment for myself, I do hereby authorize the Program Director, to secure whatever medical treatment is deemed necessary by a health professional, including the administration of an anesthetic and surgery, and to provide the personal medical information I have submitted for the program.

I also hereby authorize any physician, medical practitioner, hospital, clinic or other medical or medically-related facility or person having knowledge or records of my medical history to furnish medical records to a physician or other health care professional providing emergency treatment to me while I am participating in the Program.

_____ *Please initial (parent/guardian if under 18)*

Your signature below attests that you have read and understood the above sections 1-5 of this form, that you have had time to ask questions pertaining to the event, and that the information you have provided is truthful and accurate.

_____ *Attendee Printed Name*

_____ *Attendee Signature*

_____ *Date*

_____ *Parent/Guardian (if under 18)*

_____ *Parent/Guardian Signature (if under 18)*

_____ *Date*