



**Attachment - RELEASE & WAIVER OF CLAIMS**

<b>Participant Full Name:</b>	
<b>Event Organization:</b>	
<b>Event Description:</b>	<b>Event Date(s):</b>

I desire to voluntarily participate in the Event operated by Event Organization that will be held on the Event Date(s) at Saint Joseph's University ("SJU"). I hereby warrant and represent that I do not have any medical condition or physical limitation that would put me at risk for injury as a result of my participation in the Event. In consideration of my voluntary participation in the Event and my use of SJU's facilities, (i) I hereby assume all risks of injury which may result from my participation in the Event and my use of SJU's facilities, and (ii) I agree, on behalf of myself and my heirs, executors, administrators, and assigns, to waive, indemnify, hold harmless, release and discharge SJU, its affiliates, and its respective officers, trustees, directors, employees, agents, successors and assigns from any and all claims, damages, demands, rights of action or cause of action, present or future, known or unknown, anticipated or unanticipated, resulting from, or arising out of, my participation in the Event, and my use of SJU's facilities. I agree to abide by all of the policies, procedures, instructions rules and regulations of SJU in effect during my participation in the Event. I understand that SJU is not affiliated with Event Organization and that SJU is not a sponsor or co-sponsor of the Event, but is merely allowing Event Organization to use its facilities for the Event. I have read and understand the foregoing and affirm that I am participating in the Event of my own free will.

Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

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

*If the participant is under 18 years of age:*

I am the parent/guardian of the Participant. I am over the age of 18, have read and understand the foregoing, and am voluntarily allowing the Participant to participate in the Event at SJU. I further represent that the Participant does not have any medical condition or physical limitation that would put him/her at risk for injury as a result of his/her participation in the Event. On behalf of the Participant, (i) I hereby assume all risks of injury which may result from Participant's participation in the Event and use of SJU's facilities, and (ii) I agree to waive, indemnify, hold harmless, release and discharge SJU, its affiliates, and its respective officers, trustees, directors, employees, agents, successors and assigns from any and all claims, damages, demands, rights of action or cause of action, present or future, known or unknown, anticipated or unanticipated, resulting from, or arising out of, the Participant's participation in the Event, and use of SJU's facilities. I understand that SJU is not affiliated with Event Organization and that University is not a sponsor or co-sponsor of the Event, but is merely allowing Event Organization to use its facilities for the Event.

Name of Parent/Guardian of Minor Participant(s): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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