

ALVERNIA UNIVERSITY
400 St. Bernardine Street | Reading, Pennsylvania 19607

RELEASE AND INDEMNIFICATION AGREEMENT

PARTICIPANT: (name and address) _____

DESCRIPTION OF PROGRAM: _____

I, the above named Participant, or the parent and/or legal guardian of the Participant listed above, am at least eighteen years of age and am fully competent to sign this Agreement. I have voluntarily chosen to participate or to allow my child to participate in the above-referenced Program. I acknowledge that the Participant's involvement in this Program may expose the Participant to hazards or risks that may result in illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my voluntary participation in the Program, I hereby accept all risk to the Participant's health and of their injury which may result from such participation and I hereby release Alvernia University, its governing board, officers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to Participant, including death, that may result from or occur during participation in the Program, whether caused by the negligence of Alvernia University, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless Alvernia University and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from the negligent or intentional acts or omissions of the Participant while participating in the described Program.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR INJURY TO THE PARTICIPANT OR DAMAGE TO THEIR PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED PROGRAM AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH TO ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY THE PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACTS OR OMISSIONS.

Signature of Participant/Parent or Legal Guardian

Signature of Witness

Printed Name of Participant/Parent or Legal Guardian

Printed Name of Witness

Date Participant Signed

Date Witness Signed

EMERGENCY CONTACT INFORMATION

Who to Contact in Case of an Emergency

Relationship

Phone Number