

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

RELEASE AND INDEMNIFICATION AGREEMENT

PARTICIPANT: (First and Last Name) _____

DESCRIPTION OF TRIP/ACTIVITY: _____

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 Activity. I acknowledge that the Participant's involvement in this activity 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 Activity, 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 Activity, 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 Activity.

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 ACTIVITY 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