



ACKNOWLEDGE OF RISK AND RELEASE:  
\_\_\_\_\_ Program

I \_\_\_\_\_ (Name), of  
\_\_\_\_\_ (Full Address),  
am a participant in the \_\_\_\_\_ Program  
(the "Program") administered by Longwood University.

I desire to participate in the Program where I will engage in activities, which I understand may include some dangers. I understand that the risks of participating in the Program include the possibility of injury that may result in the complete or partial impairment of my body and/or general health and well-being.

I recognize and acknowledge that not all of the risks and hazards directly or inherently involved in the Program can be identified or described within. With knowledge about the Program, I affirm that I am voluntarily participating in the Program and that I assume all responsibility and risk from my participation, including all risk of property damage and injury to others.

To the extent permitted by law, I hereby save, hold harmless, discharge and release the Commonwealth of Virginia, the Regents of Longwood University and all of their respective agents, servants, employees and volunteers (collectively, "releasees"), from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever which may arise from or in connection with my participation in any activities related to the Program.

It is my express intent that this Acknowledge of Risk and Release shall bind the members of my family, estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend Releasees from any claim by the aforementioned parties arising out of my participations in the Program.

I assure the University that I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the Program, and I will indemnify and hold the University and the Commonwealth of Virginia harmless with respect to all such costs. I further assure the University that there are no health-related reasons or problems, which preclude or restrict my participation in the Program. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital for executing such care or treatment for injuries that I may sustain while participating in any activity associated with the Program.

I agree to comply with all rules and conditions of participating in the Program.

I recognize and acknowledge that the University makes no guarantees, warranties, representations, or other promises relative to the Program. I recognize and acknowledge that I am not an agent or employee of the University, that I may not and will not represent myself as such, and that I cannot and will not bind or obligate the University in any way. I further recognize and acknowledge that I am not entitled to make claims under workers' compensation laws as a result of my participation in the Program.

I certify that I am 18 years of age or older. The foregoing is submitted in consideration of the University allowing my participations in the Program. I execute this document with full knowledge of the contents and consequences stated in this Release.

## PARTICIPANT

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Name)

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(Signature)

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(Date)

The below statement must be completed by the parent or legal guardian of a participant who has not attained the age of 18 years prior to the first day of Program participation.

I certify that I am the parent or legal guardian of the above-named participant in the Program. I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Release, and I assent to its terms and conditions as also binding upon me as parent or legal guardian of the above-named participant. I sign this Acknowledgement of Risk and Release of my own free act. I acknowledge that the above-named participant (my dependent) and I have agreed to the terms and conditions of my dependent's participation in the Program, and I hereby give my consent to participation by my dependent in the Program, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend all above-named Releasees from and against all claims, demands or suits that my dependent has or may have.

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(Name of Parent or Legal Guardian)

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(Signature of Parent or Legal Guardian)

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(Date)