

BELLARMINE UNIVERSITY

WAIVER & RELEASE

I, _____, hereby waive and release **BELLARMINE UNIVERSITY**, herein also known as the **Released Party**, from liability pertaining to participation in _____.

I understand that, despite precautions, accidents and injuries can and will occur. Therefore, by signing this **WAIVER & RELEASE**, I expressly and willingly agree to assume complete responsibility for any risk of injury or death that may arise from my participation in this program. On behalf of myself, my heirs, assigns, and next of kin, I waive all claims for damages or loss of property, or injuries sustained to me, which I may have against the above named Released Party relating to such activities.

By this waiver, I assume any risk, and take full responsibility and waive any and all claims of personal injury, and damage to, or loss of, personal property, relating to all activities associated with Bellarmine University, including but not limited to using the facilities and its equipment, or engaging in any activity or related activities on or off Bellarmine University campus. If I am injured while participating in said activity, I will not hold the Released Party, its agents, or employees responsible or any other party under, or affiliated with, the above named Released Party. Also, I understand that Bellarmine University is not an agent of and has no responsibility for any third party, which may provide services including food, lodging, travel, equipment, or instruction.

I have read and fully agree to the terms of this waiver and release. I understand and confirm that, by signing this **WAIVER & RELEASE**, I do release, to the fullest extent permitted by law, on behalf of myself, my spouse, heirs, representatives, executors, administrators and assigns, to forever **RELEASE, INDEMNIFY, HOLD HARMLESS** and **COVENANT NOT TO SUE** Bellarmine University from any cause of action, claim, or demand, including one related to bodily injury, property damage, death, or accident arising out of, or related to, my participation in this activity.

MY SIGNATURE IS PROOF OF MY INTENTION TO EXECUTE A COMPLETE AND UNCONDITIONAL WAIVER AND RELEASE OF ALL LIABILITY

I understand that, by signing this waiver, I am also held accountable to all regulations and policies as outlined by the Bellarmine University Student Code of Conduct as this is a University sponsored event. As such, I also understand that this is an alcohol free event. Any and all violations will be adjudicated through the Bellarmine University student conduct procedures.

I understand that Bellarmine University will not tolerate any form of sexual misconduct, which includes, but is not limited to, sexual harassment, non-consensual sexual contact, non-consensual sexual intercourse, sexual exploitation, rape or retaliation arising out of any of the above acts, as more fully defined in the Bellarmine Sexual Discrimination and Misconduct Policy in the Student Handbook

_____ Initial for acknowledgement of the statements above

READ ENTIRE AGREEMENT BEFORE SIGNING

ALL STUDENTS ARE REQUIRED TO SIGN THIS RELEASE IN ORDER TO PARTICIPATE IN OFF-CAMPUS ACTIVITIES

Signature: _____
Address: _____
Phone: _____
Date: _____

Medical Treatment Authorization

_____ I authorize Bellarmine University, its agent or assign, to act on my behalf in any medical emergency, for the purpose of obtaining qualified medical assistance as may be needed.

If participant is under the age of 18:

Parent's/Legal Guardian's Printed Name: _____

Parent's/Legal Guardian's Signature: _____

Address: _____

Phone: _____
Date: _____

Emergency Contact Information

Contact: _____

Phone Number: _____

Contact: _____

Phone Number: _____