

**CAMPUS RECREATION
RELEASE FROM LIABILITY**

To be signed by all participants who are 19 years of age or older. If participant is under 19 years of age, participant's parent or guardian must sign this release. Participant/guardian must sign in the presence of one (1) witness.

ACTIVITY: _____

DATE/TIME: _____

NAME OF PARTICIPANT: _____

In consideration of the University of South Alabama permitting participation in this activity, I, in full recognition and appreciation of any and all risks, hazards or dangers inherent in this activity to which participant may be exposed do hereby acknowledge that I fully understand the risks involved and that I agree to assume all of the risks and responsibilities surrounding participation in this activity. If participation includes climbing the rock wall or swimming in the USA pool, I acknowledge that there are specific risks associated with rock wall climbing and swimming. I understand that I have the opportunity to ask questions to my satisfaction regarding any and all activities and associated risks prior to signing this document.

I understand that the Campus Recreation Department and the University of South Alabama, its trustees, officers, agents, servants and employees assume and accept no liability for personal injury or loss of life or damage to personal property.

Further, I do for myself, my heirs and personal representatives, hereby defend, hold harmless and indemnify, release and forever discharge the Campus Recreation Department and the University of South Alabama, its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from participation in the aforesaid activity.

I understand that participation in the above activity is voluntary and not required by the University of South Alabama or the Campus Recreation Department. I understand that participant **IS NOT** covered by any University liability insurance.

IN WITNESS WHEREOF, I have caused this release to be signed this _____ day of _____, 20____.

SIGNATURE OF PARTICIPANT (if 19 or over)

OR

PARENT/GUARDIAN (if participant is under 19)

SIGNATURE OF WITNESS

PRINTED NAME OF WITNESS

PRINTED NAME OF PARENT/GUARDIAN
(if participant is under 19)