

ASSUMPTION OF RISK AND RELEASE OF LIABILITY FORM

I understand that Miami University ("Miami") is sponsoring a trip/workshop to _____ during the following dates _____ for the purpose of _____ (the "Event") (for this form, the term "Event" shall also include all travel to and from the destination).

As a participant of the Event, I knowingly and voluntarily:

- Acknowledge and understand that my participation in the Event is entirely voluntary;
- Acknowledge that there are risks and hazards which may arise from participation in this Event, including travel to and from the Event, and acknowledge that my participation in this activity may result in injury (serious and minor), loss of life, and/or loss of property;
- Acknowledge that Miami University ("Miami") is not legally responsible for my personal safety or the safety of my property during the Event;
- Acknowledge that any Miami personnel or agents attending the Event are not necessarily medically trained to care for any physical or medical problems of individuals participating in the Event; and
- Represent that I have adequate health and hospitalization insurance for any injuries that I may receive as a result of my participation in the Event.

On behalf of myself and heirs and assigns, I knowingly and voluntarily assume all risks associated with the Event and release Miami, its trustees, officers, employees and agents (collectively "Miami Parties") from any and all responsibility or liability for personal injury, emotional injury, death or property damage sustained by me during or because of my participation in the Event. I agree, for myself, my administrators, personal representatives, executors, predecessors, successors, agents, heirs and assigns to release and hold harmless the Miami Parties from any present or future claim for personal injury, emotional injury, death or property damage arising directly or indirectly from my participation in the Event, to the fullest extent permitted under law, including allegations or claims of negligence on the part of the Miami Parties, provided, however, this form does not apply to acts of gross negligence, willful or wanton conduct, or intentional conduct.

I UNDERSTAND AND AGREE THAT BY SIGNING THIS FORM I WILL WAIVE AND FOREVER RELINQUISH ANY AND ALL CLAIMS THAT I MAY HAVE, WHETHER KNOWN OR UNKNOWN, AND WHETHER ANTICIPATED OR UNANTICIPATED, AGAINST THE MIAMI PARTIES ARISING OUT OF MY PARTICIPATION IN THE EVENT.

I understand and agree that if I am signing this form on behalf of my minor child, that: (i) I will be giving up the same rights for the minor as I would be giving up if I signed this document on my own behalf, and (ii) I personally represent and warrant that I am authorized to sign the form on behalf of the minor.

Signature: _____ Date: _____

Name (Printed): _____ Phone: _____

Address: _____

Parent/Legal Guardian

Co-Signature (if under 18): _____

EMERGENCY CONTACT INFORMATION AND HOLD HARMLESS FORM
COLLEGE OF CREATIVE ARTS

Student Name: _____

Banner ID: _____

Local Address: _____

Cell Phone: _____

Event: _____

Instructor in Charge of Event: _____

Name of 1st Emergency Contact: _____

Phone: _____

Relationship: _____

Name of 2nd Emergency Contact: _____

Phone: _____

Relationship: _____

Any Medical Concerns: _____
