



## ACKNOWLEDGEMENT OF RISK AND HOLD HARMLESS AGREEMENT

I hereby acknowledge that I have voluntarily chosen to participate in the following activity(ies) on the premises and/or facilities of **SAINT FRANCIS UNIVERSITY** including but not limited to;

ACTIVITY: \_\_\_\_\_

DATE(S) FOR ACTIVITY: \_\_\_\_\_

(Hereinafter referred to as "the activity")

I understand the risks involved in "the activity". I recognize that "the activity" involves risk of injury and I agree to accept any and all risks associated with it, including but not limited to property damage or loss, minor bodily injury, severe bodily injury, and death. I am voluntarily participating in "the activity" with the knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, bodily injury, or death.

In consideration for the University's permission to participate in "the activity", to the fullest extent permitted by law, I agree to indemnify, defend, and hold harmless **SAINT FRANCIS UNIVERSITY**, its officers, directors, employees, agents, volunteers and assigns from and against all claims arising out of or resulting from my use of the facilities. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting therefrom. In addition, I hereby voluntarily hold harmless **SAINT FRANCIS UNIVERSITY**, its officers, directors, employees, agents, volunteers and assigns from all claims, both present and future, that may be made by me, my family, estate, heirs, or assigns.

I also understand that **SAINT FRANCIS UNIVERSITY** does not provide any medical or dental insurance to cover bodily injury, illness or death, or insurance for personal property damage or loss, or insurance for liability arising out of my negligent acts or omissions; and I acknowledge that I am completely responsible for my own insurance to cover these expenses. I authorize **SAINT FRANCIS UNIVERSITY**, its officers, directors, employees, agents, volunteers and assigns to take whatever actions that are deemed appropriate regarding my health and safety in the event of an emergency or life-threatening event. This includes placing me at my own expense into a hospital or other health care facility if that is deemed medically necessary. **SAINT FRANCIS UNIVERSITY** will not dispense over the counter (OTC) or prescription medication to any participant.

I further understand that this acknowledgment of risk and hold harmless is intended to be as broad and inclusive as permitted by the laws of the State of Pennsylvania and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I understand and agree to follow all rules of conduct, safety rules, and time limits imposed by **SAINT FRANCIS UNIVERSITY** its officers, directors, employees, agents, volunteers, and assigns. I understand and agree that, if rules and time limits imposed by **SAINT FRANCIS UNIVERSITY** are not followed, that **SAINT FRANCIS UNIVERSITY** may revoke its permission to conduct "the activity". Participants are expected to be courteous to one another and all staff members. Disruptive behavior or behavioral problems will not be tolerated and will be brought to the attention of the parent/guardian in which disruptive actions may forfeit activity privileges. I will drop my child off and pick my child up according to the instructions provided by the camp overseer.

I attest that I am physically fit to participate in physical activities and that my medical condition to do so has been verified by a licensed physician.

By signing below, I/we authorize **SAINT FRANCIS UNIVERSITY** personnel to photograph, videotape, and/or audiotape my/our child in promotion of **SAINT FRANCIS UNIVERSITY** programs. I understand that all such reproductions and statements are and shall remain the property of **SAINT FRANCIS UNIVERSITY**.

I have read the above conditions and accept them as shown by my signature, and my intent to be legally bound. The undersigned asserts that participant is younger than (18) years of age and the guardians signature approves the activities for this minor.

Parent/Legal Guardian Name: (PLEASE PRINT)

\_\_\_\_\_  
Last First Middle Name

Participant/Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name: (PLEASE PRINT)

\_\_\_\_\_  
Last First Middle Name