

VOLUNTARY RELEASE PARTICIPATION WAIVER

Assumption of Risk and Indemnity Agreement

Date:

Description of Activity:

The undersigned person requests and is granted permission to participate in _____ sponsored by Bryant University’s _____, as described above. The undersigned acknowledges that my participation is entirely voluntary. I also acknowledge that there are hazards and risks incident to participation and understand that Bryant University assumes no responsibility of any nature whatsoever for actions of participant or any other person or entity involved with the

In consideration of my participation I, the undersigned, on behalf of myself, my heirs, executors, administrators, personal representatives, successors, assigns, by these presents remise, release, forever discharge, and indemnify and hold harmless, Bryant University, its trustees, administration, faculty, employees, staff, students, agents, successors, and assigns (hereinafter referred to collectively as “Bryant University”), from and against any and all manner of action or actions, cause or causes of action, suits, debts, sums, of money and all other claims and demands whatsoever in law or equity which I now have, ever had, or in the future may have, for or by the reason or means of any matter or things from the beginning of the world to the date of these presents, against “Bryant University”, arising out of or in any way associated with, either directly or indirectly, my participation in the _____ described above, or for contribution or indemnification with respect to any claim made against me by any participation in the Event of any other person or entity in connection therewith.

This Release and Indemnification has been executed on behalf of myself, my heirs, executors, administrators, personal representatives, successors, and assigns and is binding upon myself and them either because I am Eighteen (18) years of age or older, or because my parent or legal guardian had consented as hereinafter provided. In addition I warrant that I have appropriate health insurance to cover any injury in the event said injury occurs when participating in the

This instrument has been executed in and shall be interpreted according to the laws of the State of Rhode Island.

IN WITNESS WHEREOF, I have HEREUNTO SET MY HAND THIS _____ DAY of

Participant (please print)

Witness

Participant (signature)

Parent/Guardian if Student is Under 18 Years of Age