

**SEATTLE PACIFIC UNIVERSITY**  
**Assumption of Risk and Release of Liability Form**  
**2011-12 Academic Preview**

WHEREAS, I \_\_\_\_\_ (*print participant name*) voluntarily plan to participate in the 2011-12 Academic Preview program at Seattle Pacific University (henceforth to be called "SPU") located in Seattle, WA, during October 27<sup>th</sup> and 28<sup>th</sup>, 2011 (henceforth to be called "PREVIEW"), and:

**Initial Boxes:**

I acknowledge that participation in the PREVIEW has certain risks and dangers that may arise, including, but not limited to: personal injury or loss of life from activities and accommodations; forces of nature; and other activities that could cause injury, loss of life and/or other risks.

I acknowledge that, **if an adult**, I am responsible for my own well-being. SPU does not intend to monitor or control the decisions, choices, and activities of my own, or other individuals during the PREVIEW. **If an unaccompanied minor**, my guardian acknowledges that SPU Staff will make decisions, choices, and actions on behalf of the minor participant, always keeping in mind the safety and security of the minor and other individuals present on SPU's campus. I acknowledge that SPU Staff will not be responsible for the well-being of participants who intentionally act beyond the parameters of the PREVIEW program and/or SPU staff instructions.

In case of medical emergency **and** SPU is unable to clearly communicate with me **or** my emergency contacts, I hereby authorize representatives of SPU to make arrangements for my/my child's welfare, including emergency medical transportation, and for whatever emergency medical care may be deemed necessary during my/my child's participation in the PREVIEW.

I certify that I/my child has adequate insurance or financial resources to cover any injury or damage I/my child may cause or suffer while participating. I assume the risk of any medical conditions I/my child may have.

SPU is not responsible for PREVIEW attendees' items that are lost, stolen, or damaged while in Seattle, WA.

I acknowledge that SPU only assumes responsibility in the operation or coordination of the transportation designated by SPU staff for use during the PREVIEW and intending to transport the entirety of the group.

I acknowledge that SPU does not assume responsibility in the operation or coordination of the transportation to and from the PREVIEW. Even should I choose to request SPU to provide a driver and vehicle for transportation to and from major destination hubs in Seattle, WA (i.e. airport, train/bus station), I will hold SPU and its drivers harmless and not liable for any accidents, loss or injury should any occur during this non-PREVIEW activity. Common modes of alternate transportation include Public Transit and hired taxi cabs.

In spite of these risks, I willingly participate in the PREVIEW and do not hold SPU or any individuals responsible for my/my child's well-being before, during and after the PREVIEW. I assume all risk, dangers and hazards that may arise from participating.

In consideration for my participation in this activity, I release, forever discharge, and agree not to sue Seattle Pacific University, its board of trustees, administrators, employees, volunteers or other participants. I hereby waive all claims arising out of or in any connection with my/my child's participation and/or transportation in the above mentioned activity, except in claims resulting from the University's sole negligence. I agree that this assumption of risk and release of liability agreement shall bind my heirs and my estate.

I have carefully read this form and fully understand its contents. I am aware this is a release of liability agreement, a waiver of claims, an agreement not to sue, and a contract between myself and Seattle Pacific University and in consideration for my participation in the above activity, I demonstrate agreement and compliance with the terms and conditions contained in this document by signing below of my own free will.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*If participant is under the age of 18 this form must have the participant's parent/guardian signature.*** I have carefully read this form and fully understand its contents. I am aware this is a release of liability, a waiver of claims, an agreement not to sue, and a contract between myself and Seattle Pacific University and in consideration for my child to be allowed to participate in the above activity, I demonstrate agreement and compliance with the above terms and conditions for both myself and on behalf of my minor child by signing below of my own free will.

Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to UGA by Fax to 206-281-2544.**