

**SEATTLE PACIFIC UNIVERSITY**  
**Assumption of Risk and Release of Liability Form**  
**2010 Urban Preview**

**Know all persons by these present:**

**WHEREAS, I** \_\_\_\_\_ (*print participant name*) voluntarily plan to participate in 2010 Urban Preview at Seattle Pacific University ("SPU") located in Seattle, WA, during November 7-8, 2010 (henceforth called "PREVIEW"), and:

Please Initial \_\_\_\_\_ 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.

Please Initial \_\_\_\_\_ 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 adult participants at 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 all participants of the PREVIEW. 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.

Please Initial \_\_\_\_\_ 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 RETREAT.

Please Initial \_\_\_\_\_ 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.

Please Initial \_\_\_\_\_ SPU is not responsible for PREVIEW attendees' items that are lost, stolen, or damaged while attending the PREVIEW.

Please Initial \_\_\_\_\_ I acknowledge that SPU does not assume responsibility in the operation or coordination of the transportation to and from the RETREAT, unless SPU Staff is requested to transport participant to or from a major Seattle, WA transport hub (i.e. airport, train station) and the campus. If transportation is requested, I agree to hold SPU drivers harmless in the event of an accident. Alternatives to SPU transportation include Public Transit and hired taxi cabs.

Please Initial \_\_\_\_\_ 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 while participating. I assume all risk, dangers and hazards that may arise from participating.

I release, forever discharge, and agree not to sue Seattle Pacific University, its board of trustees, administrators, employees, or other participants. I hereby waive all claims arising out of or in any connection with my/my child's participation and 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 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, a waiver of claims, an agreement not to sue, and a contract between myself and Seattle Pacific University and for the benefit of others described herein, I sign it of my own free will.

Participant's Name: \_\_\_\_\_

Participant's 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 for the benefit of others described herein, I sign it of my own free will.

Parent/guardian Name: \_\_\_\_\_

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_