

Participant Waiver/Release

I, _____ (“Participant”) acknowledge that I have voluntarily applied to participate in the _____ taking place on _____ at _____. I certify that I have not been advised to not participate in this or any other similar activity by a qualified medical professional. I further acknowledge and agree to, on my own behalf, and on behalf of my personal representatives, heirs, assigns, executors, administrators and next of kin, as follows.

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN. Risks include, but are not limited to those caused by terrain, facilities, temperature, weather, equipment, vehicular traffic, lack of hydration and actions of other people, including but not limited to participants, volunteers, monitors and/or producers of the activity.

Upon entering the premises and facilities of _____, I will inspect the same and my observation and use of said premises and facilities shall constitute an acknowledgement that I find and accept them to be safe and reasonably suited for their intended purpose.

I hereby release Phi Sigma Sigma, Inc. and the _____ Chapter of Phi Sigma Sigma, Inc. and their officers, members, advisors, volunteers, employees and Governing Board [and any lessor of the facility premises, if applicable] from and against any and all liability for any loss, damage, injury, expense, demand or cause of action that I may suffer whether with respect to personal injury, death, damage to or destruction of personal property, theft or otherwise, which may arise as a result of my presence in, upon or about the premises and as a consequence of my participation in this event or use of the facilities and equipment.

I acknowledge that Phi Sigma Sigma, Inc. and the _____ Chapter of Phi Sigma Sigma, Inc. is NOT responsible for the errors, omissions, acts or failures to act of any party or entity conducting a specific activity on their behalf.

I understand that while participating in the activity, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors and assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant’s Name

Participant’s Signature

Date

Age