LIABILITY WAIVER, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT

Event Name: _____
Event Date: _____
Event Location: _____

I understand that I am participating in activities at North Carolina Central University for my own personal benefit. I have voluntarily elected to participate in these activities and desire to do so at my own risk. I understand and acknowledge that these activities have inherent dangers and hazards that no amount of care, caution, instruction or expertise can eliminate. I assume responsibility for all risks involved in the aforementioned activities, which may include, but are not limited to personal injuries, property damage and even death.

In consideration for being permitted to participate in activities at North Carolina Central University, I agree to indemnify and hold harmless North Carolina Central University, its trustees, officers, employees and agents from any liability (except for those caused directly and solely by the negligence of North Carolina Central University) arising from or proximately caused by my participation or my minor child's participation in these activities. I further agree to accept and assume for myself, my assigns, executors, and heirs any and all such risks and losses that may occur.

I further acknowledge that I have comprehensive health insurance coverage that will be in effect throughout the duration of the aforementioned activities.

The individual's signature below is an acknowledgement that they have read and will comply with this Liability Waiver, Assumption of Risk, and Indemnification Agreement.

PARTICIPANT'S PRINTED NAME _____

SIGNATURE_____ DATE_____

If participant is less than 18 years of age:
I am fully aware of the risks that may be involved, and I consent to have my child participate in the aforementioned activity.

_____ _____
PARENT/GUARDIAN SIGNATURE **DATE**