



James E. Shepard, Founder

## North Carolina Central University

### ASSUMPTION OF RISK AND RELEASE OF LIABILITY

Program/Event: \_\_\_\_\_

Date(s) of Participation: \_\_\_\_\_

#### **Acknowledgment of Risk**

I understand that participation in University-sponsored programs, events, activities, and related travel is voluntary. I acknowledge that participation in such activities may involve inherent risks, including but not limited to risks associated with transportation, outdoor activities, recreational activities, physical exertion, weather conditions, interactions with other participants, the use of equipment, and other circumstances that may result in personal injury, illness, property damage, or other loss.

I voluntarily consent to participation in University-sponsored programs, events, activities, and related travel and knowingly assume all risks, whether known or unknown, associated with such participation.

#### **Compliance with Safety Procedures**

I acknowledge that safety instructions may be provided and that I am expected to follow all applicable rules, instructions, and safety procedures. I acknowledge that failure to follow safety protocols may result in removal from the activity.

#### **Release and Waiver of Liability**

To the fullest extent permitted by law, I voluntarily assume the risk associated with my child's participation and agree to release, waive, and discharge North Carolina Central University, its trustees, officers, employees, agents, and affiliates from any and all claims, demands, or causes of action arising out of or related to my child's participation in University-sponsored programs, events, activities, and related travel, including but not limited to claims for personal injury, illness, property damage, or death, except to the fullest extent permitted by law. I understand that participation may include transportation to and from activity locations and consent to my child's participation in such transportation arrangements.



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### **Medical Authorization**

In the event of an emergency, I authorize the University and its representatives to obtain emergency medical treatment for me as deemed necessary. I understand that I am responsible for any costs associated with such treatment.

I certify that I do not have any medical conditions that would prevent safe participation, or that such conditions are disclosed below:

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### **Photo/Media Release (Optional)**

I consent to the use of my image, likeness, or voice in photographs, video recordings, or other media for educational, promotional, or institutional purposes.

I do not consent.

### **Acknowledgment and Signature**

I certify that I am at least eighteen (18) years of age, that I have read and understand this Assumption of Risk and Release of Liability, and that I voluntarily agree to its terms.

Participant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_