

RELEASE AND WAIVER OF LIABILITY

ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

FINLANDIA

UNIVERSITY

Acknowledgment of Understanding: I have read, and will abide this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, and fully understand each of its terms and conditions, and understand that I am giving up substantial rights, including the right to sue. Therefore, I hereby acknowledge that I am signing this agreement freely and voluntarily and intent by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. Also, I understand that I may seek legal counsel of my own choosing to fully explain any terms of this Agreement to me before I sign it.

Name: _____ Age: _____
(Please Print) (If Minor)

Full Address: _____

Phone Number: _____ Email: _____

Signature: _____ Date: _____

Emergency Contact: _____ Phone Number: _____

Signature of Parent/Guardian for Participants Who Are Minors:

I certify that I have custody of participant or am the legal guardian of participant by court order. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY RELEASEES.

Name of Parent or Guardian: _____
(Please Print)

Signature of Parent or Guardian: _____

Date: _____

Received by:

Date: _____
(Signature)

FINLANDIA UNIVERSITY

(Name of Institution Official)

MEDICAL CONSENT: I understand and agree that Releases do not have medical personnel available at the location of the Facilities, nor at the Facilities. In the event of any medical emergency, I (initial one) do _____ /do not _____ authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care that FINLANDIA UNIVERSITY personnel deem necessary for my safety and protection. I understand and agree that Releases assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I further understand that in the event that I experience any condition requiring emergency medical treatment, FINLANDIA UNIVERSITY may direct that I be transported to the hospital for such care.

This document is presented to EIIA members strictly as a guideline. As individual circumstances may vary, the contents and concepts should be reviewed and amended as necessary to properly address your institution's unique exposures. Additionally, it is recommended that the contents and concepts presented by reviewed in the full context of its use with legal counsel prior to implementation.