



WAIVER AND HOLD HARMLESS FORM

I, the undersigned, am voluntarily agreeing to participate in the

In consideration for my participation, I, agree to the following:

1. I understand the Program consists of the following activities:

2. I understand that as part of my participation in the Program there are dangers, hazards, and inherent risks to which I may be exposed, including, but not limited to the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further understand that participating in the Program may involve other risks and dangers, whether known or unknown nor reasonably foreseeable

3. I fully understand the scope of the activities and the risks involved. I voluntarily accept and assume all risks of injury, loss of life, or damage to property arising out of my participation in the Program.

4. I hereby release and fully discharge the UNA Board of Trustees, UNA, including its officers, employees, and agents, from any and all claims or causes of action, including all liability for damage to personal property or personal injury which may result from my participation in the Program, that may be brought by me or for any injury or loss that I may suffer while participating in the Event, whether caused by negligence or otherwise, to the fullest extent permitted by law.

5. I further release, indemnify, and hold harmless the UNA Board of Trustees, UNA, including its officers, employees, and agents, from and against any and all liability, actions, debts, claims, and demands of every kind whatsoever, including, but not limited to, any claim for negligence and/or any present or future claim, loss, or liability for which I may be liable to any other person or to UNA that arises out of my participation in the Program.

6. In the event of an accident or serious illness, I hereby authorize representatives of UNA to provide medical treatment and transport, if necessary. I waive my right to receive informed consent prior to such transportation or treatment. I hereby hold harmless and agree to indemnify UNA from any claims, causes of action, damages and/or liabilities, arising out of or resulting from the medical treatment or transport. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to me that may occur during my participation in the Program.



7. I understand this Waiver is intended to be as broad and inclusive as permitted by the laws of Alabama and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the laws of Alabama shall govern this waiver.

8. I understand and agree to all of the terms of this Agreement. I understand that I am giving up substantial rights (including my right to sue) and acknowledge that I am willingly signing this document. My signature on this document is intended to bind not only myself, but also the successors, heirs, representatives, administrators, and assigns of myself.

Participant Signature

Participant Name

Participant cell phone

Date

Parent/Guardian Signature
(If under the age of 19)

Parent/Guardian Name
(If under the age of 19)

Parent/Guardian cell phone
(If under the age of 19)

Date