

**ASSUMPTION OF RISK,
AGREEMENT AND RELEASE FROM LIABILITY**

PARTICIPANTS:

READ CAREFULLY BEFORE SIGNING THIS AGREEMENT AND RELEASE FROM LIABILITY.

_____ (EVENT/ACTIVITY) IS A VOLUNTARY ACTIVITY. AS A CONDITION TO PARTICIPATION IN THIS ACTIVITY, THE STUDENT MUST AGREE TO ACCEPT AND ASSUME THE RISKS OF PERSONAL INJURY AND DEATH IN CONNECTION WITH THIS ACTIVITY AND AGREE TO RELEASE AND HOLD HARMLESS NOTRE DAME DE NAMUR UNIVERSITY, ITS OFFICERS, TRUSTEES, FACULTY, STAFF, CONSULTANTS, EMPLOYEES, AGENTS AND REPRESENTATIVES FROM LIABILITY FOR NEGLIGENCE OR OTHER ACTS RELATED TO THIS ACTIVITY AND TRAINING FOR THIS ACTIVITY.

ASSUMPTION OF RISK

I UNDERSTAND THAT THE NOTRE DAME DE NAMUR UNIVERSITY _____ (INVOLVES RISKS OF PERSONAL INJURY AND DEATH. I AM AWARE THAT MY PARTICIPATION IN THE NOTRE DAME DE NAMUR UNIVERSITY _____ (IS A HAZARDOUS ACTIVITY; HOWEVER, I AM VOLUNTARILY PARTICIPATING WITH KNOWLEDGE OF THE DANGERS INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF PERSONAL INJURY AND DEATH RESULTING FROM, OR RELATED TO MY PARTICIPATION IN THIS PROGRAM. I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE:

(Initials of Student)

RELEASE

AS CONSIDERATION FOR BEING PERMITTED BY NOTRE DAME DE NAMUR UNIVERSITY TO PARTICIPATE IN THE NOTRE DAME DE NAMUR UNIVERSITY _____, I HEREBY AGREE THAT I, MY ASSIGNEES, HEIRS, DISTRIBUTEES, GUARDIANS AND LEGAL REPRESENTATIVES WILL NOT MAKE A CLAIM AGAINST OR SUE NOTRE DAME DE NAMUR UNIVERSITY OR ANY OF ITS OFFICERS, TRUSTEES, FACULTY, STAFF, CONSULTANTS, EMPLOYEES, AGENTS, REPRESENTATIVES, VOLUNTEERS OR AFFILIATED ORGANIZATIONS, FOR INJURY OR DAMAGE RESULTING FROM ANY OF THEIR NEGLIGENCE OR OTHER ACTS RELATED TO MY PARTICIPATION IN _____.

I HEREBY RELEASE NOTRE DAME DE NAMUR UNIVERSITY AND ITS OFFICERS, TRUSTEES, FACULTY, STAFF, CONSULTANTS, EMPLOYEES, AGENTS, REPRESENTATIVES, VOLUNTEERS AND AFFILIATED ORGANIZATIONS, FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY ASSIGNEES, HEIRS, DISTRIBUTEES, GUARDIANS AND LEGAL REPRESENTATIVES NOW HAVE OR MAY HEREAFTER HAVE FOR INJURY OR DAMAGE ARISING OUT OF OR RELATED TO MY PARTICIPATION IN THE NOTRE DAME DE NAMUR UNIVERSITY _____.

(OVER)
KNOWING AND VOLUNTARY EXECUTION

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND NOTRE DAME DE NAMUR UNIVERSITY AND ITS AFFILIATED ORGANIZATIONS, AND I SIGN IT OF MY OWN FREE WILL.

EXECUTED AT BELMONT, CALIFORNIA ON _____(DATE).

SIGNATURE OF STUDENT

PRINT NAME

____ 1500 RALSTON AVENUE _____
STREET

____ BELMONT, CA 94002 _____
CITY/STATE

PHONE

DECLARATION OF WITNESS

I CERTIFY THAT _____ (STUDENT'S NAME) ACKNOWLEDGED IN MY PRESENCE THAT _____ (HE OR SHE) HAD READ AND FULLY UNDERSTOOD THE MEANING AND CONSEQUENCES OF THE FOREGOING RELEASE, AND SIGNED IT IN MY PRESENCE.

EXECUTED AT BELMONT, CALIFORNIA ON _____(DATE).

(SIGNATURE OF FACULTY OR STAFF WITNESS)

G: RELEASE OF LIABILITY/STUDENT USE ONLY

12/01