LONG ISLAND UNIVERSITY Waiver, Release and Hold Harmless Agreement for Participation in University Activities

Name of Or	ganization:	
Venue:		
Trip Date	95:	
Participant Information		
Name:		
Address:		
Phone:		
Email:		
I state that I am of lawful age (18) and I have signed this document of my own f	egally competent to sign this document. I understand the te ree will and I understand and acknowledge that in the abser- me. In consideration of payment by Long Island University	nce of this document and its enforceability, the
property, bodily injury and death. I assunegligence or recklessness or failure to for any injury, illness, damage, loss, claexecutors, and heirs, to release, indem	n in this activity comes with inherent dangers and poses mai ime all risks associated with my participation in the activity in act by the University, its employees or volunteers, other pa im, liability or expense, of any kind or nature, that I may suf nify, and hold harmless Long Island University, its trustees, derstand that by signing this document, I am giving up my le	ncluding, without limitation, the risk of any irticipants, or others. I accept personal responsibility fer, and I agree, on behalf of myself, my assigns, officers, agents, employees and volunteers from any
I understand that the University does no	ot provide accident or medical insurance for me.	
	directions of University personnel in all matters connected w f it is deemed that my acts, words or conduct are detrimenta	
	ent and will be construed broadly to provide a release and w be void or unenforceable shall not affect the validity or enfo	
Parent/Guardian/Spouse Emerge	ency Contact Information	
Name and Relationship:		
Address:		
Phone Number(s):		
Email:		
Medical Information (in case of	emergency–voluntary)	
List Medications You Are Currently Taking:		
List Any Allergies:		
	hility to Participate in This Activity	
document on behalf of my heirs, repres able to participate in this activity. Consis	of this document and agree to accept the risk. I also agree to entatives, executors, administrators, and/or myself. I hereby stent herewith, I assume responsibility for my own physical or assure myself that I am fit and capable of such participation	y certify by my signature that I am physically fit and fitness and capability to participate and I have taken
Participant Signature	Name Printed Clearly	 Date
		-
Witness Signature	Name Printed Clearly	