

Event Release & Waiver

I, _____, desire to participate in _____ **[name of event]** being sponsored by DePaul University ("DePaul") on _____ **[date]** (hereinafter the "Event"). I understand that this Release & Waiver covers the entirety of my participation in the Event.

I acknowledge that I am participating in the Event at my own free will. I acknowledge and appreciate that certain risks are inherent in participating in the Event. These risks include, but are not limited to, the risks of personal injury, illness or death, property damages, and property loss or theft, arising out of accidents, epidemics and disease, acts of terrorism, negligent acts or omissions of myself or others (including DePaul University and its agents and students), or civil disturbances and disorders.

I understand that I am solely responsible for any medical, health or personal injury costs relating to my participation in the Event. Should I become ill or injured, I give permission for DePaul University and its employees and agents to render first aid and to seek medical treatment or rescue services, as they see fit and at my cost. I am further aware that any medical, health and personal injury costs resulting from or relating to the activities undertaken pursuant to the Event will be my sole responsibility. I agree to be financially responsible for the cost of any medical, health and personal injury costs.

In consideration of my being allowed to participate in the Event, I personally assume all of the risks in connection with the Event, whether foreseen or unforeseen.

I HEREBY RELEASE, WAIVE, DISCHARGE AND HOLD HARMLESS DEPAUL, ITS AFFILIATES, PREDECESSORS, SUCCESSORS, TRUSTEES, OFFICERS, MEMBERS, FACULTY, EMPLOYEES, AGENTS, AND REPRESENTATIVES, PAST OR PRESENT (THE "RELEASED PARTIES") FROM ANY AND ALL CLAIMS, SUITS, LOSSES, LIABILITIES, JUDGMENTS, COSTS, FEES (INCLUDING ATTORNEYS' FEES) AND EXPENSES ("CLAIMS") FOR ANY PERSONAL INJURY OR ILLNESS, EPIDEMICS AND DISEASE, DEATH, PROPERTY DAMAGE, LOSS AND/OR THEFT OR ANY OTHER OCCURRENCE DURING THE EVENT, OR ARISING OUT OF MY PARTICIPATION IN THE EVENT, INCLUDING EMERGENCY MEDICAL TREATMENT OR RESCUE SERVICES SECURED ON MY BEHALF.

I ALSO AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY CLAIMS ARISING FROM OR RELATED TO MY OWN ACTS OR OMISSIONS DURING THE EVENT.

I enter into this Event Release & Waiver for myself, my heirs, my assigns and my legal representatives.

In signing below, I certify that I AM AT LEAST 18 YEARS OLD and have read and fully understand the above.

Participant Signature

Printed Name

Date

Emergency Contact Name

Phone Number