

Quincy University Waiver of Liability

Dates of Usage: _____

WAIVER

I represent and warrant that my child is physically fit and able to participate in all of the events taking place at Quincy University in the _____ and my child agrees to stop and request assistance if they experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue. I also agree and acknowledge that my child will abide by all policies and regulations of Quincy University accepting all consequences of their actions as their own.

I agree, for myself, my child, my executors and administrators to not sue and to release; indemnify and hold harmless, Quincy University, its affiliates, officers, directors, volunteers and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of the participation of my child in this event and any related activities whether it results from the negligence of any of the above or from any other cause. This release and indemnification agreement shall be as broad and inclusive as is permitted by the state or province in which the event is conducted. If any portion of it is held invalid, that balance shall continue in full force and effect.

I understand that my child's participation in this activity is voluntary and that my child is not mandated to participate.

Student's Name (Please Print)

Parent or Legal Guardian's Signature

Parent or Legal Guardian's Signature