

# CONSENT, WAIVER AND RELEASE OF LIABILITY

**PARTICIPANT'S FULL NAME:** \_\_\_\_\_

**DATE OF BIRTH (MO/DAY/YR):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**LOCATION OF ACTIVITY(IES):** \_\_\_\_\_

**DATE(S) OF ACTIVITY(IES):** **START DATE:** \_\_\_\_\_ **END DATE:** \_\_\_\_\_

Check all that apply:     **NON-STUDENT**     **MINOR**

*If the participant is not eighteen (18) years of age, this release must also be signed by a parent or guardian.*

**DESCRIPTION OF ACTIVITIES:** \_\_\_\_\_

I, the undersigned participant, exercising my own free choice to participate voluntarily in the above-named activity, and promising to take due care during such participation, hereby release and discharge, indemnify and hold harmless the University, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at the above listed activity.

I acknowledge that any activity/action outside of the above-named activity and/or conduct that is not representative or becoming or any consequences arising there from will be my individual responsibility, and that the University shall in no way be responsible or liable for any outcome arising from my actions or behavior. I understand that I am solely liable for any costs arising out of any injury to person or property resulting from my participation or negligence while associated with the above-named activity.

I authorize Loyola University to copyright and publish all photographs, video footage, or audio recordings in print or electronic format in which I may appear or speak that are taken by or for the University. I agree that the University may use, edit or reproduce such photographs, video footage, or audio recordings or share them with others for any purpose related to the promotion of the University.

I release and discharge all claims against Loyola University and any others acting on behalf of the university with respect to the copyright, publication or use of such photographs, video footage, audio recordings, or text including any claim for compensation related to their use.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Waiver and Release of Liability.

**READ, UNDERSTOOD AND AGREED TO THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_, **20** \_\_\_\_\_.

Signature of Participant whose printed name appears above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness over 18 years of age (Participant must sign in the presence of the Witness)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name