RELEASE FROM LIABILITY

To be signed by all participants who are 19 years of age or older. If Participant is under 19 years of age, Participant’s parent or guardian (hereafter “Guardian”) must sign this release. Participant/guardian must sign in the presence of one (1) witness.

TO THE UNIVERSITY OF SOUTH ALABAMA:

For participant: ____________________________

Participant/Guardian understands that Participant will participate in an “Oozeball Tournament,” which is a volleyball tournament played in mud. This activity, which is sponsored by the USA Southerners, will be held at the Student Recreation Fields on April 18, 2015. Participant/Guardian understands that participation in this activity is voluntary and not required by the USA Southerners or the University of South Alabama.

In consideration of the University of South Alabama and the USA Southerners permitting the Participant the opportunity to participate in this activity, Participant/Guardian, in full recognition and appreciation of any and all risks, hazards or dangers inherent in this activity, including, but not limited to, those risks associated with playing volleyball in mud, to which Participant may be exposed, does hereby agree to assume all of the risks and responsibilities surrounding participation in such activity. Participant/Guardian understands that the USA Southerners and the University of South Alabama, its trustees, officers, agents, servants and employees assume and accept no liability for personal injury or loss of life or damage to personal property.

Further, Participant/Guardian, for him/herself and his/her heirs and personal representatives, does hereby defend, hold harmless and indemnify, release and forever discharge the USA Southerners and the University of South Alabama, its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from participation as aforesaid.

Participant/Guardian attests and verifies that participant has no physical limitations that would prevent safe participation in this activity. Participant/Guardian understands that participant IS NOT covered by any University liability insurance.

Participant/Guardian acknowledges that University policy prohibits the possession or consumption of alcohol at any time during the activity described above.

IN WITNESS WHEREOF, I have caused this release to be signed this _____ day of _____________, 2015.

______________________________                              ________________________________
SIGNATURE OF PARTICIPANT (if 19 or over)                        SIGNATURE OF WITNESS
OR

______________________________                              ________________________________
PARENT/GUARDIAN (if Participant is under 19)                        PRINTED NAME OF WITNESS

______________________________                              ________________________________
PRINTED NAME OF PARENT/GUARDIAN                                    PRINTED NAME OF WITNESS
(if Participant is under 19)