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 a Leadership Course to be held on ________________ on the University of South Alabama Campus. The purpose of this event, which is sponsored by Outdoor Adventures, is to improve communication and team work by participating in an obstacle course event. Participant/Guardian understands that participation in this event is voluntary and not required by Outdoor Adventures or the University of South Alabama.

In consideration of the University of South Alabama and Outdoor Adventures permitting the Participant the opportunity to participate in this event, Participant/Guardian, in full recognition and appreciation of any and all risks, hazards or dangers inherent in this event, including, but not limited to, those risks associated with running an obstacle course, to which Participant may be exposed, does hereby agree to assume all of the risks and responsibilities surrounding participation in such event. Participant/Guardian understands that Outdoor Adventures 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 Outdoor Adventures 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 during the aforesaid event.

Participant/Guardian attests and verifies that participant has no physical limitations that would prevent safe participation in this event. 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 event described above.

IN WITNESS WHEREOF, I have caused this release to be signed this _____ day of ___________________, 20__.

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
(if Participant is under 19)