

WAIVER AND RELEASE

For use of Carlow University Athletic Facilities

Name: _____

Address: _____

Phone: _____ Age: _____

Please read and sign the following.

I am voluntarily using the athletic facilities at Carlow University entirely on my own initiative, risk, and responsibility. I voluntarily assume all risks of loss, damage, or injury that I may sustain while using the athletic facilities of Carlow University.

I, intending to be legally bound hereby, for myself, my heirs, executors, administrators and assigns, waive, release, and forever discharge Carlow University, its owners, directors, officers, employees, and agents and anyone else involved directly or indirectly with Carlow University from any and all liability, claims, demands, actions, and causes of action whatsoever, arising out of or relating to any loss, damage, or injury, of any nature, suffered by me in connection with my use of the athletic facilities of Carlow University.

If I should suffer an injury during the use of the athletic facilities of Carlow University, I authorize the officials of Carlow University to use their discretion to have me transported to a medical facility and I take full responsibility for this action.

With regard to the assumption of risk by the undersigned individual, Carlow University recommends that the undersigned individual make every effort to arrange for the acquisition of liability insurance sufficient to protect against those risks being assumed. Similarly, Carlow University recommends that the undersigned individual have insurance sufficient to allow for any risks by accident or by deficiencies in physical health.

I agree to comply with any and all rules and regulations established from the time to time by Carlow University for the use of its athletic facilities, including, without limitation, the rules and regulations attached to the Waiver and Release.

Individual's Signature _____ Date _____