

**ST. AMBROSE UNIVERSITY  
CONSENT, ASSUMPTION OF THE RISK,  
WAIVER AND RELEASE OF LIABILITY**

This Consent, Assumption of the Risk, Waiver and Release of Liability applies to minors who are participating in activities/programs that are sponsored by St. Ambrose University (“University”), programs that are held at the University, and/or programs that are housed in University facilities. Please read this document carefully because it contains important information, and by signing this document you are expressly assuming risks and waiving all legal liability for all claims for injuries, damages or loss that you may sustain as a result of participation in any of the above-described activities/programs.

**Fitness to Participate/Assumption of the Risk-** The undersigned parent/guardian and participant affirmatively state that the participant is physically and mentally fit to participate in the activities/programs at the University. The undersigned parent/guardian and participant also recognize that not all activities associated with the activities/program will be supervised, and that the University is not responsible for any injury or loss the participant may suffer.

The undersigned parent/guardian and participant also agree and recognize that the activities/programs that the participant may engage in at the University may involve inherent risks and hazards, and that the University cannot guarantee the safety of the participant. Potential risks and hazards include, but are not limited to (this is an illustrative not exhaustive list):

- Injury from physical injury, or even death, resulting from accident, medical care or treatment, lack of medical treatment, natural disasters, violent weather or other acts of God.
- Physical injury or exertion, mental or emotional distress.
- Potential acts of third parties including potential criminal or improper acts by third parties.
- Loss of property.

The undersigned parent/guardian and participant expressly recognize these risks, and assume all of these risks and responsibilities related to or arising out of the participant’s participation in the activities/programs at the University.

**Use of Photographs/Images-** The undersigned parent/guardian and participant agree that the University can photograph the participant during activities/programs at the University, and that any such photographs are the sole property of the University. The undersigned parent/guardian and participant further agree and understand that the University may post such pictures on the Internet and social media websites, and that the undersigned parent/guardian and participant will not be consulted prior to the use of any such photographs.

**Reimbursement for Medical Expenses-** In a separate form, the parent/guardian of a minor participant is required to provide the University with an executed Medical Treatment Authorization. In the event that the University obtains medical care for the minor participant

pursuant to that consent, the undersigned agrees to reimburse the University for all expenses related to the medical treatment, and further agrees to release the University (including any University volunteers, officers, employees, insurers, affiliates, agents and representatives) from any and all liability related to such treatment.

**Release, Waiver and Covenant Not to Sue**- The undersigned, as the parent/guardian of the participant, hereby consent to his/her child's participation in the activities/programs program/activity to be held on or about \_\_\_\_\_, at St. Ambrose University.

The undersigned parent/guardian hereby RELEASE, WAIVE, AND COVENANT NOT TO SUE (on my own behalf and on behalf of my child), St. Ambrose University and their volunteers, officers, employees, insurers, affiliates, agents and representatives (hereinafter collectively referred to as "Released Parties"), from any and all liability to myself, my child, my spouse, my family and any personal representatives, heirs, and assigns for any and all damages and/or loss, including but not limited to personal injury, death, loss of consortium and/or society, property damage, costs and attorneys' fees, whether caused by the negligence, omissions, or fault of any kind of the Released Parties or otherwise, that my child may sustain as a result of his or her participation in the above-described activities. I further state that if, despite this release and waiver of liability, I or anyone on behalf of my child makes a claim against the Released Parties, I will indemnify, save and hold the Released Parties harmless from any and all loss, liability, damage or cost that may be incurred as a result of such a claim.

I acknowledge that the activities/programs that my child will engage in at the University may be dangerous and involve both known and unknown risks of property damage, serious personal injury or even death, and that any supervision or activities by the Released Parties does not ensure the safety of my child, and that none of the Released Parties are an insurer of my child's personal safety or property.

By signing below, I acknowledge I have read the foregoing document and intend it be in full force and effect, and that no one has made any representations to me concerning the safety or danger of the above-described activities other than the representations in this Agreement.

**I HAVE READ THE FOREGOING DOCUMENT AND INTEND THAT IT BE IN FULL FORCE AND EFFECT.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
PRINTED PARENT/GUARDIAN NAME

\_\_\_\_\_  
PRINTED PARTICIPANT NAME

DATE \_\_\_\_\_

DATE \_\_\_\_\_