

Appendix B

VILLANOVA UNIVERSITY

Waiver, Release and Indemnity Athletic Facilities Events

I, the undersigned Participant, wish to participate in an Event held in the Athletic Facilities of Villanova University on _____, 2013 (the "Activity"). I fully recognize that certain risks are involved in participating in the Activity and I voluntarily assume those risks for myself, my estate, personal representative, heirs, legatees, devisees and anyone claiming by or through me (collectively, the "Releasers"). Such risks may include, but not be limited to, loss of or damage to property or physical injury to me up to and including death. Injuries may be caused by crashing or colliding with others, tripping and/or falling, getting hit with a stick, ball or other implement, drowning (if pool use is contemplated), or other injuries caused by participation in athletic activities.

In consideration of the Releasees (as defined below) permitting the Activity, the Releasers agree that if any of the Releasers incurs any loss of property or injury, including death, as described above, none of the Releasers will hold Villanova University, their officers, employees, agents or students (collectively, the "Releasees") responsible or seek damages from any of the Releasees in any form. Each Releaser hereby waives and releases any and all claims against each of the Releasees for personal injury, death or property damage arising in any way out of participation in the Activity, including, without limitation, any such injury, death or damage arising out of the negligence of any of the Releasees, and will indemnify and hold each Releasee harmless from any such claims.

While on the Villanova University and Villanova Athletic Department premises, I agree to conduct myself in a prudent and cautious manner and to be responsible for any damage caused to University's property by me. I certify that I have no medical condition that would prohibit me from participating in the Activity and that I have health insurance to cover any medical expenses I might incur in connection with the Activity.

I certify that I have read and understand the above statements and that they are true and accurate, and that the signing of this Waiver, Release and Indemnity is completely voluntarily

PARTICIPANT (Print Name): _____

SIGNATURE: _____

DATE: _____

If Participant is under 18, this must be signed by a Parent or Legal Guardian of Participant:

I hereby agree to all of the above conditions, including the release of the Releasees from liability:

Signature of Parent/Guardian

Name (Printed)

Date

Relationship to Child: _____