

**Saint Louis University Athletics
Liability Release Form
Assumption of Risk**

Important: This is a legal document. Please read and understand this document before signing.

Waiver, Release and Indemnification

I agree to indemnify and hold harmless Saint Louis University, their contracted agents, volunteers, and employees from all claims, damages, losses, injuries, and expenses arising out of or resulting from participation in these promotional activities. I further agree to release, acquit, and covenant not to sue Saint Louis University, their contracted agents, volunteers and employees for all actions, causes of action, claims or damages in law, or remedies in equity of whatever kind, including the negligence of Saint Louis University, my family or myself against Saint Louis University arising out of participation in these promotional activities.

In short, I cannot sue Saint Louis University, their contracted agents, volunteers, or employees for any damages, liabilities, costs, and expenses that I now have or may hereafter have by reason of participation in this promotional activity.

I acknowledge that no guarantees have been made with respect to achieving objectives. I authorize and release to Saint Louis University or its designated representative the use of my image or my children's image in any still photograph, video recording, or audio recording resulting from participation in this promotional activity for any purpose at the sole discretion of Saint Louis University.

I have adequate health, disability, and life insurance for myself, family and (my) minor children. I hereby give permission for transportation to any medical facility or hospital and I authorize for any qualified medical personnel to render necessary emergency medical care.

I, _____, of my own free will understand and acknowledge the risks and liabilities for myself, family, and (my) minor children this ___ day of _____ 2010.

I have carefully read this release, fully understand its terms, and intend by my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

(Print Name)

Date

(Signature)

Date

(Parent/Guardian*)

Date

Street Address

City/ State/ Zip

Email/Phone Number

***If the participant is under the age of (16) sixteen**

SLU Representative _____