

RELEASE OF LIABILITY

Activity: **Ropes Course at Bristol Mountain Aerial Adventures** - July 7, 2018;
Rochester Pedal Tours- July 14, 2018;
Day Trip to Toronto, Canada- July 21, 2018;
Darien Lake Amusement Park- July 27, 2018;
HEOP Picnic and BBQ- July 28, 2018

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I hereby fully waive and release, and promise not to sue, St. John Fisher College and its employees, officers, directors, volunteers and agents (collectively the "College") from any and all damages, injury or other claims of any nature whatsoever, including claims of the College's negligence, and including claims of damages resulting from any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to indemnify and hold the College harmless from and against any and all claims or expenses, including attorney's fees, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the College incurs any such expenses, including but limited to medical care provided on my behalf, I agree to reimburse the College. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the College from all liability, (b) promising not to sue the College, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of New York. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____

Date: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the College from all liability on my and the Participant's behalf, (b) promising not to sue on my or the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity.** I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date: _____

Minor Participant's Name