Release of Liability Form

McPherson College

In exchange for participation in the activity of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ organized by McPherson College, I agree for myself and, if applicable, for the members of my family, to the following:

* I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for any personal injury or harm to myself and, if applicable, for the members of the my family. I further release and discharge McPherson College for any injury, loss or damage arising out of my or my family’s use of or presence at the above mentioned activity whether caused by the fault of myself, my family members, McPherson College or any third party.

I am informing McPherson College of the following special conditions related to myself or my family member:

I have read this document and understand it. I further understand that by signing this release, I voluntarily am surrendering certain legal rights.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency , please call:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Relationship)

2.2013