



**Auburn University
VOLUNTARY WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISKS**

**Children's Field Day
Auburn University College of Agriculture
April 24, 2009 on the Campus of Auburn University, Auburn, AL**

PARTICIPANT INFORMATION

NAME OF PARTICIPANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ (mo/day/year) GENDER M _____ F _____

VOLUNTARY WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISKS

PLEASE READ THIS "RELEASE" CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BEFORE ANY PERSON IS ALLOWED TO PARTICIPATE IN CHOOSE YOUR ADVENTURE.

I, the undersigned, wish to participate in Thanksgiving Field Day (hereafter "Program") on the date(s) and location indicated above and hereby agrees as follows:

I acknowledge, understand and appreciate that as part of my participation in the Program there are dangers, hazards and inherent risks to which I may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Program may involve risks and dangers, both known and unknown, and have elected to take part in the Program. Therefore I voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Program.

I acknowledge that specialized experience and skills may be necessary to participate in the Program and confirm that I possess such experience and skills. I understand and agree that I will follow all safety precautions required for participation.

I hereby release Auburn University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents (hereafter "Auburn") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury or loss that I may suffer while training, preparing, participating and/or traveling to or from the Program. This agreement is binding on my heirs and assigns.

I furthermore release, indemnify and hold harmless Auburn from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that I may suffer, for which I may be liable to any other person, that may or does arise out of my participation in the Program.

In the event of an accident or serious illness the undersigned consents and gives permission to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider. The undersigned understands that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide Auburn authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as he/she judges necessary to the undersigned. The undersigned hereby gives permission to Auburn to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I hereby hold harmless and agree to indemnify Auburn from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. The undersigned give permission to Auburn to arrange necessary related transportation for treatment for the undersigned. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to me that may occur during my participation in the Program.

I understand that Auburn accepts no responsibility for my personal property. I further understand that Auburn accepts no responsibility for housing or chaperoning me during Program.

This RELEASE shall be governed by and construed under the laws of Alabama. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my participation in any part of the Program, shall be brought only in Lee County, Alabama.

I have read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully.

The undersigned has been given ample time to read and understand this RELEASE, and fully accepts its contents and conditions and agrees to them by signing this RELEASE voluntarily. I am aware that by signing this RELEASE that I am waiving certain legal rights which I/ or my heirs, next of kin, executors, administrators, and assigned may have against AUBURN.

Signature of Participant

Signature of Parent or Guardian
If participant is under the age of nineteen (19)

Date

Date

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19