

BLOOMSBURG UNIVERSITY OF PENNSYLVANIA
RESIDENCE LIFE ACTIVITY/EVENT PARTICIPATION RELEASE & ATTENDANCE FORM AGREEMENT PART 1

Title of Activity/Event: _____ **Date of Activity/Event:** _____

Location of Activity/Event: _____ **Time of Activity/Event:** _____

I have voluntarily decided to participate in this Residence Life sponsored activity/event at Bloomsburg University of Pennsylvania. I recognize that risk of injury is an inevitable and inherent consequence of participation in every activity and that no amount of reasonable instruction and supervision, use of proper equipment of facilities will prevent injuries. I realize, and understand, that severe injuries are possible even from such activities. I understand and appreciate that such injuries can range from the most insignificant to death; including but not limited to, serious neck and spinal injuries which may result in partial or total paralysis; brain damage; loss of sight, hearing, sense of smell; serious or permanent injuries to all bodily organs and functions; and serious injury to all or part of the musculoskeletal or nervous systems all of which may detrimentally impact on my general health and well-being for the rest of my natural life. I appreciate the character of the risk involved and I voluntarily and knowingly assume all risk of harm. I have carefully considered how the possible consequences of injury may impact my life, and despite this, I choose to accept this risk and to participate in the designated activity/event.

In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility and liability, and agree to indemnify and hold harmless, legally and otherwise, the Office of Residence Life, Bloomsburg University of Pennsylvania, the State System of Higher Education, the Commonwealth of Pennsylvania, and the employees, officials or agents of any and all of the foregoing, pursuant to, pertaining to, related to, or arising from, any injuries to my person as a result of participation in this activity.

I verify that I have health insurance, and acknowledge that the Office of Residence Life, Bloomsburg University of Pennsylvania, the State System of Higher Education, the Commonwealth of Pennsylvania, and their employees, officials or agents are not responsible for any health care expenses as a result of my participation in the activity/event.

I verify that I have no physical or mental disabilities, impairments, or chemical dependencies that might inhibit my participation in the activity/event, and I agree to abide by all Bloomsburg University Student Code of Conduct, IMPACT programming and Residence Hall Living policies, regulations, directions and instruction regarding my participation in the activity/event.

In case of injury as a result of my participation in this activity/event, I hereby give advance permission to obtain medical services on my behalf including but not limited to paramedic treatment, transportation by emergency to a medical facility, and treatment by emergency physicians. All extraordinary measures are to be taken in regards to treatment and I shall assume all fiscal responsibility as to any treatment and services. I will indemnify and hold harmless Bloomsburg University of Pennsylvania, the Office of Residence Life, State System of Higher Education, Commonwealth of Pennsylvania and their employees, officials and agents from any and all financial and legal obligations associated with emergency treatment, including all actions in seeking and obtaining this service.

BLOOMSBURG UNIVERSITY OF PENNSYLVANIA
RESIDENCE LIFE ACTIVITY/EVENT PARTICIPATION RELEASE & ATTENDANCE FORM AGREEMENT PART 2

Title of Activity/Event: _____ Date of Activity/Event: _____

Location of Activity/Event: _____ Time of Activity/Event: _____

I, the undersigned, am at least 18 years of age, and competent to sign this release. By signing this release, I hereby acknowledge that I understand and voluntarily accept the hazards, risks, rights, and responsibilities noted in the release.

PRINT your FULL NAME	SIGN your FULL NAME	Student ID#	CA Name	Date
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