

Trip Attending: _____

Date(s): _____

**Attached Addendum

**CHRISTOPHER NEWPORT UNIVERSITY
OUTDOOR ADVENTURE & RECREATION (O.A.R.)
ACCIDENT WAIVER AND RELEASE OF LIABILITY**

I acknowledge that this Outdoor Adventure & Recreation (O.A.R.) activity is a test of a person’s physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition environment, equipment, vehicular traffic, lack of hydration, and actions of other people; including but not limited to, participants, volunteers, spectators, instructors, and/or guides. These risks are not only inherent to, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the person or entities being release from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event, and/or have not been advised otherwise by a qualified medical person. Further, I understand that neither the Athletics Department, Office of Recreational Services nor Christopher Newport University provides an insurance policy to cover any injury I may incur as a result of my participation an O.A.R. trip, activity or event. Upon signing this Accident Waiver and Release of Liability form (AWRL), I attest that I have read and fully understand that the Christopher Newport University, the Office of Recreational Services and/or the participating vendor, will not provide financial remuneration to cover any medical expenses I may incur as a result of an injury.

In consideration of my application, and permitting me to participate in this event; I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me or my traveling to and from this event; **THE FOLLOWING ENTITIES OR PERSON: O.A.R. their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers;** and (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a results of any of my actions during this event.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

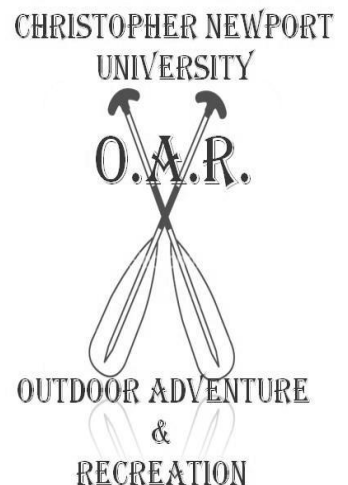
I hereby certify that I have read this document; and I understand its content.

PRINT NAME*

SIGNATURE*

DATE

***If you’re under 18 years old – please see page 2.**



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PARENT OR GUARDIAN WAIVER FOR MINORS (UNDER 18 YEARS OLD)

The undersigned parent, and natural guardian or legal guardian, does hereby represent that he/she is, in fact, acting in such capacity, and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act; and release said parties on behalf of the minor and the parents or legal guardian.

PRINT NAME

SIGNATURE

DATE

EMERGENCY CONTACT INFORMATION

#1: _____
FIRST NAME LAST NAME

RELATIONSHIP

PHONE NUMBER

ALTERNATE PHONE

#2: _____
FIRST NAME LAST NAME

RELATIONSHIP

PHONE NUMBER

ALTERNATE PHONE



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Waiver Release Addendum

Additional Risks for Ski Trip to Bryce Resort on Sat., February 25th, 2012

Risks may include:

- Torn ligaments
- Broken bones
- Head and spinal injuries
- Extreme weather conditions
- Loss of consciousness
- Death

PRINT NAME*

SIGNATURE*

DATE