



## RELEASE OF LIABILITY

(For Participants 19 years old and over)

I, \_\_\_\_\_, hereby certify that I am over the age of 19 years old, and I consent to participation in the 2020 camp being held on the campus of Alabama State University. I understand that participation in this camp and any related activities may involve certain risks and dangers which are known and unknown to me and may result in injuries. I am fully aware of the potential risks and possibility of injury involved with said camp and any related activities and acknowledge that I assume the risk of such injury by my participation in the camp and any related activities.

I further acknowledge that I have health insurance and will be responsible for any and all medical and related bills that may be incurred by my participation, including any illness or injury that I may sustain during the trip/activity. I further acknowledge and authorize the employees or agents of Alabama State University to act according to their best judgement in any situation requiring medical attention, whether an emergency or not.

Knowing these facts and in consideration of my participation in this camp and any related activities, I myself, my heirs, my estate, my executors and administrators hereby release, discharge and indemnify Alabama State University, its officers, directors, Board of Trustees, representatives, and employees, from any and all liability for negligence or any other claim, demand, action, judgement, loss, liability, cost and expenses (including without limitations, attorney's fees and costs) arising out of or in connection with the above camp and any related activities directly or indirectly, including, but not limited to, any illness, injury, damage or loss to person or property that I may incur or sustain during the camp and any related activities.

I have carefully read this Release of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury for myself. I further acknowledge that I have signed this document voluntarily and of my own free will. I agree that this agreement shall be governed by the laws of the State of Alabama.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone