

## **SOUTHERN ADVENTIST UNIVERSITY**

RELEASE, INDEMNITY AND ASSUMPTION OF RISK MANAGEMENT

Signature of Parent or Legal Guardian

I,, as a student of So to be allowed to accompany and participate in routine instruction from/ through/ A will be in charge of the activity, the exposure for risks and harm which may be anticipated during activities on Southern's campus closely supervise and control the conduct of those participating i permitting me to participate in the above-described activity, I he and property while engaged in the activity and release and dischargesponsibility resulting from or arising out of any incident, injury or attending or participating in any such activity.	Ithough one or more employees of Southern will be greater than and different from those is. I also recognize that it is not possible to in this activity. In consideration Southern reby assume the risk of injuries to my person arge Southern, its obligations or financial
If Southern is held financially responsible to the undersigned for agree to indemnify and hold Southern harmless from any such reattorney's fees incurred by Southern.	
Notwithstanding the foregoing, nothing contained herein shall all out of the gross negligence or intentional misconduct by Souther	, , ,
I will cooperate with those in charge of the activity at all times ar for the activity.	nd will follow the guidelines, if any, set forth
I agree to maintain health insurance coverage for myself during t a Southern representative supervising any such activity of any ph will require special assistance or attention. I further authorize su emergency medical treatment on my behalf, and I hereby release liability for any such treatment, its result, or its cost.	nysical or medical limitations or conditions that upervising Southern personnel to consent to
 Date	Student Signature
	Student ID #
Sponsor/Department	EVENT LOCATION
Name of the Activity/Event	
For Students Under 18 Years of Age I have read the above Release, Indemnity and Assumption of Risk Agree be bound by this Agreement, and further agree not to participate in any from liability for any such treatment, its result, or its cost.	
Date	Print Name of Parent or Legal Guardian