

**Greensboro College**  
**ACTIVITY PARTICIPATION AND RELEASE FORM**

Participant (please print): \_\_\_\_\_

Activity: \_\_\_\_\_ Date: \_\_\_\_\_ Ends: \_\_\_\_\_

In consideration of participation in the activity identified above, I agree as follows:

1. I will comply with all instructions and directions of Greensboro College agents or employees during participation with this activity;
2. I understand the risk and danger to me, and my property associated with my participation in this activity. And I do so voluntarily in reliance upon my own judgment and ability. I knowingly and voluntarily assume all risk of personal injury, death, and property damage or loss from any cause whatsoever, including, but not limited to, failure of anyone to enforce rules and regulations or inspect equipment or facilities, and negligence of other students or staff;
3. I understand that I will not be allowed to participate in the activity if I am under the influence of alcohol or other drugs;
4. I understand that Greensboro College or the activity sponsor reserves the right to refuse to allow participation for any reason which, in the sole discretion of the College or sponsor, renders the participant unfit to participate; and,
5. I shall indemnify, defend, and save harmless Greensboro College, its trustees, agents, and employees from all liabilities, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorney fees, arising or claimed to have arisen out of death, or property damage or loss, sustained by me as a result of negligence on the part of Greensboro College agents or employees or other participants, or by others as a result of my own negligence or intentional acts, during my participation in this activity (including travel to and from the activity site).

Participant hereby certifies and acknowledges that he/she understands the risk and dangers associated with participation in the activity listed above. I certify that I am at least eighteen (18) years of age, medically sound, and physically fit to participate in the activity described above. I further certify that no oral promise, agreement, warranty, or representation concerning safety or liability has been made to me.

Company providing coverage: \_\_\_\_\_

Policy #: \_\_\_\_\_

Policy listed in name of: \_\_\_\_\_

Please list any physical condition(s) or allergies which may effect or limit your ability to fully participate in this activity. If none, please check here \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*The aforementioned physical condition(s) or allergies do not render me unable to participate in this activity, nor do they pose a risk of physical injury or damage to myself or others in conjunction with my participation in this activity.*

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

*If participant is under eighteen (18) years of age*

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_