



DARBY UNIVERSITY

# Sports Facilities: Assumption of Risk and Release from Liability

I, Sarah Rose, acknowledge that I am a student at Darby University (UNIVERSITY). I would like to participate in the following ACTIVITY:

Activity Name: Basketball

Sponsor of Activity: Athletics

Date of Activity: 01/01/2001

In consideration for being allowed to participate in this activity, I, the undersigned, acknowledge, appreciate and agree that:

1. There are inherent risks involved with this ACTIVITY. I choose to voluntarily participate in this ACTIVITY, with full knowledge that said ACTIVITY may be hazardous to me and my property. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by me as a result of my participation.
2. I certify that I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in this ACTIVITY.
3. I hereby release, waive, and discharge UNIVERSITY and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my participation in this ACTIVITY, whether caused by negligence of the UNIVERSITY, its Board of Trustees, officers, agents, employees, or its representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my negligent or intentional act or omission while participating in this ACTIVITY.

**I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE.**

Sarah Rose  
Employee Signature

01/01/2001  
Date