As a member or guest of **The University of Cincinnati**, I will participate in the **2019 UC Engineering and Applied Science** **Tribunal Event** at the **Beach Waterpark** on **Saturday, July 13th, 2019**.

The risks associated with this activity include, but are not limited to:

•Transportation or water related injuries

I **agree to the following:**

•I voluntarily accept and assume the risk for any injury I may receive as a result of my participation in the above described activity.

•I release the University of Cincinnati, the Engineering and Applied Science Tribunal, and their trustees, officers, employees and agents from all liability for any injury I may receive as a result of my participation in the above described activity and agree to hold them harmless and indemnify them for any claim made against them by virtue of my conduct in connection with my participation in the above described activity.

•I acknowledge that the University recommends that I obtain  my own insurance coverage  (i.e., student health plan, family coverage, etc.)

•I acknowledge that after the private party at The Makahiki Picnic Grove and The Pearl starts, I will only use the bus transportation provided to and from The Beach Waterpark. Otherwise, I release The Beach Waterpark and the University of Cincinnati from all liability as stated above in (2).

X                                                /                                     /

Signature of Participant      / Date of Birth / Print Name

X                                                                                   /

Signature of Parent or Legal Guardian / Print Name

Persons who are 18 years or older may sign this waiver without any accompanying signatures of parent or guardian.

**Insurance Information:**

             Yes, I have my own full medical insurance coverage or am covered by my parent’s or guardian’s medical insurance policy.

Carrier:                                                                                                                                                                              Policy Number:

Please list special needs:

Medical:

Allergies:

Medications:

Dietary:                                                                                                                                                             ­

**Emergency Information:**

Emergency contact:                                                                                              ­­­­­­­­­­­­­­­­­

Relationship:

Home Phone:

Work Phone: