**INTRAMURALS PARTICIPANT/S WAIVER AND RELEASE OF LIABILITY**

I, **,** of legal age, hereby knowingly and voluntarily execute this Event Participant/s Waiver and Release of Liability (EPWRL) in relation to the upcoming Intramurals 2023, the terms and conditions of which are as follows:

1. I, hereby certify that, I am physically fit for participation in the event, the details of which, in particular, are as follows:

| **Description of the Event:** | CHESS MEN |
| --- | --- |
| **Period of the Event:** | OCTOBER 6-7 2023 |
| **Venue of the Event:** | Mindanao State University - General Santos |

I, likewise certify that, I have not been advised otherwise by a qualified medical person and that there are no health-related reasons or problems which preclude our participation in the event.

1. I acknowledge the risks involved and hazards connected with the engagements of various activities listed in the . I further acknowledge that the aforementioned activities involve a test of a person’s physical and mental limits and it carries with it the possibility of serious injury, death, or property loss.

**THEREFORE, AND IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE ABOVE-MENTIONED EVENT**, I hereby knowingly, willingly and voluntarily assume all of the risks of participating in above-mentioned event which may include, but not limited to serious injury, death, and/or property loss and we likewise hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and/or assigns as follows:

1. **To waive, release, and forever discharge** the Organization of Mathematics and Natural Sciences Students (OMANSS) (hereafter collectively as the, “**Event Heads**”), their partners and/or affiliates, including their directors, officers, volunteers, representatives from any and all liability in connection with my disability, personal injury, death, property damage, property theft or actions of any kind, including but not limited to those caused by my negligence, which may hereafter accrue to us, during, and/or our traveling to and from the above-mentioned event;
2. **To indemnify and hold free and harmless** the event heads and their partners and/or affiliates, including their directors, officers, volunteers, as the event facilitators from all claims, judgments and costs, including attorney’s fees incurred in connections with any action brought as a result of our attendance and participation in the event;

1. **Not to institute any kind of action** whatsoever against all entities and/or persons aforementioned from any and all liabilities or claims in connection with the above-mentioned event;
2. **To indemnify, hold harmless** all entities and/or persons aforementioned from any and all liabilities or claims made by other individuals and/or entities as a result of our or the participant’s actions during the above-mentioned event;
3. I, knowingly, willingly and voluntarily **assume full responsibility** for any risks of loss, property damage or personal injury, including death, that may be sustained by us, or any loss or damage of property owned by us, unless there is a showing of gross negligence committed by the event organizers; and
4. **I, likewise hereby give my consent to receive medical treatment** that may be deemed advisable and/or necessary in case of injury, accident, and/or illness during the event.

This Intramurals Participant Waiver and Release of Liability (EPWRL) shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

Finally, the invalidity of any portion of this EPWRL will not and shall not be deemed to affect the validity of any other provision. In the event that any provision of this EPWRL is held to be invalid, I agree that the remaining provisions shall be deemed to be in full force and effect as if they had been executed by me subsequent to the expungement of the invalid provision.

**I HAVE CAREFULLY READ THE ENTIRETY OF THIS EVENT PARTICIPANT WAIVER AND RELEASE OF LIABILITY (EPWRL) AND FULLY UNDERSTAND ITS CONTENTS.**

We, warrant that we have secured and/or obtained the consent of the above-named emergency contact, to share their identity, contact information and relationship for purposes of providing the Event organizers a contact person in case an emergency arises which requires their assistance.

IN WITNESS WHEREOF, we have hereunto affixed my hand on this  **at City of General Santos**.

| Participant’s Complete Name |  | Participant’s Signature |
| --- | --- | --- |
| Home Address |  |
| Mobile Number |  |
| Emergency Contact’s Name |  |
| Emergency Contact’s No. |  |
| Relationship with Participant |  |
| Participant’s Complete Name |  | Participant’s Signature |
| Home Address |  |
| Mobile Number |  |
| Emergency Contact’s Name |  |
| Emergency Contact’s No. |  |
| Relationship with Participant |  |
| Participant’s Complete Name |  | Participant’s Signature |
| Home Address |  |
| Mobile Number |  |
| Emergency Contact’s Name |  |
| Emergency Contact’s No. |  |
| Relationship with Participant |  |
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| Home Address |  |
| Mobile Number |  |
| Emergency Contact’s Name |  |
| Emergency Contact’s No. |  |
| Relationship with Participant |  |

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