

MOUNT VERNON NAZARENE UNIVERSITY

MSO: Middle School Only Activity Waiver and Release of Liability

I, _____, ("Participant") acknowledge that I have applied to participate in the Middle School Only activity at Mount Vernon Nazarene University ("MVNU"):

I *understand* that there are risks associated with the activity and that such risks can contribute to injury, illness, death, damage, or loss of personal property. I am voluntarily participating in this activity with full knowledge of the risks involved and agree to assume all such risks, both known and unknown.

I *affirm* that I am mentally and physically capable of participating in the activity. To minimize the risk to self or property, I agree to wear the appropriate clothing and safety gear, engage in appropriate behavior, and demonstrate safe practices.

In consideration of being permitted by MVNU to participate in this activity and to use MVNU's premises and facilities, barring negligence by its principals, directors, officers, agents, employees, volunteers, and representatives, I do hereby release MVNU and its principals, directors, officers, agents, employees, volunteers, and representatives, from all actions, claims, or demands that I, my assignee, heirs, distributes, guardians, next of kin, spouse, and legal representatives now have, or may have in the future for any injury, illness, death, damage, or loss of personal property, related to my participation in this activity.

In the event that I become ill or injured, I *authorize* MVNU or its personnel to treat or seek medical treatment for such illness or injury, including, but not limited to, emergency transport or dental intervention. In all cases, I agree to pay for all costs and expenses. Below I have provided information related to allergies, medical conditions, and medication essential to my treatment.

I *certify* that the information I have provided is accurate and complete. I agree to abide by the rules and regulations identified below.

I have carefully read and fully understand this document, which I sign of my own free will. I am aware that this is a release of liability and that I may be waiving legal rights.

Name _____ Signature _____

(printed)

Parent/Guardian Signature _____ Date _____

(Required if the participant is under 18 years of age)

Address: _____ City _____ State _____ Zip _____