

Acknowledgement of Risk and Release Agreement

Physical Activities – [NAME OF GROUP]

 I understand that I will be undergoing physical exertion while participating in this study group during the 20xx-20xx season. I am aware of the risks of injury involved, and I certify that my level of physical fitness is sufficient. I do fully and completely assume any risks solely to myself, and accept full responsibility for my individual physical fitness to participate in this activity.

 In consideration of being presented this opportunity to participate in this group with the Brandeis National Committee’s Phoenix Chapter and in acknowledging that I am aware of and willing to assume the risks associated with it, including round-trip transportation, I hereby voluntarily agree to waive, hold harmless and indemnify the individual organizers of this activity and Brandeis University and its trustees, agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my voluntary participation in this group at this time. I understand the content of this document, and I execute this general release, waiver of claim and assumption of risk agreement of my own free will and accord.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please print):

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Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_