

MARY WASHINGTON EAGLES

University of Mary Washington

Individual Assumption of Risk and Release of Liability

Assumption of Risk - In consideration of participation in the **UMW Field Hockey Clinic** at the University of Mary Washington, I voluntarily agree to assume all risks involved in participating on the event and/or traveling to or from participation sites for the event. I understand that by participating in the above named event I expose myself to risk of injury. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my participation in the named sport stated below that cannot be officially listed.

Release of Liability - I release the Commonwealth of Virginia, the Board of Visitors of the University of Mary Washington, the University of Mary Washington, and Associated Students of the University of Mary Washington, and the employees, agents or representatives of the University of Mary Washington (hereafter referred to as the university group) from any and all liability, claims, costs, expenses, injuries or losses including those resulting from acts of negligence by the university group that I may otherwise sustain as a result of my participation in the above named event. My participation includes, but is not limited to, traveling to or from competition or practices whether in private or University owned vehicles; training for participation in the event being coached in the event by paid or volunteer coaches; and/or using equipment for the sport on or off the University of Mary Washington property.

NOTE: All participants are strongly encouraged to complete a health evaluation prior to any participation; to consult with their personal physician to determine appropriate fitness levels; to use good judgment concerning their ability to participate and their appropriate level of participation; and to carry medical insurance coverage. All participants with pre-existing conditions are encouraged to wear a medical alert bracelet or neck tag indicating the appropriate medical information. The University of Mary Washington does not carry insurance to cover patrons.

I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this Assumption of Risk and Release of Liability is a contract between me and the university group and I sign it of my own free will.

Participant Name: _____

Participant Signature: _____ Date: _____

If the signee is under the age of 18, parent or legal guardian must also sign:
