CONSENT TO FULLY RELEASE CABRINI COLLEGE AND ITS REPRESENTATIVES FROM FUTURE NEGLIGENCE

Warning: *By signing this form, you are acknowledging that you have read and understand the Disclaimer Clause, Assumption of Risk, Indemnification and Release from Liability, and the Acknowledgement Statement you give up important legal rights, including the right to sue. Please read carefully! ALL PARTICIPANTS MUST BE 18 OR OLDER.*

This form stays at the Public Safety Office after check out.

Activity/Event: _____

Location/Address of Activity: _____

Date(s) of Activity/Event Start: _____ End: _____ Time: _____

College Representative(s) Facilitating Activity/Event:

_____

Name (print) Title/Position Signature

Driver: _____

Name (print) Title/Position Signature

DISCLAIMER CLAUSE

Cabrini College, its officers, directors, employees, volunteers, members, and representatives (hereafter referred to as "the College") are not responsible for any injury, loss, or damage sustained by any person while participating in the Activity, which might be caused by the negligence of the College.

ASSUMPTION OF RISKS

In consideration of my participation in the Activity, I acknowledge that I am aware of the possible risks, dangers, and hazards associated with my participation in the Activity, including the possible risk of severe or fatal injury to myself or others. These risks include but are not limited to the following: a) The risks associated with travel to and from location(s) to be visited during the Activity, including transportation provided by commercial, private and/or public motor vehicles; b) The possibility of bodily injury including broken bones, soft tissue damage, emotional distress, and even death incurred while transporting to, or participating in the Activity; d) The risks associated with returning to my residence after the Activity.

INDEMNIFICATION AND RELEASE OF LIABILITY

In return for the College allowing me to voluntarily participate in the Activity, I agree: 1) TO ASSUME AND ACCEPT ALL RISKS arising out of, associated with, or related to my participating in the activity, even though such risks may have been caused by the negligence of the College; 2) TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS, OR DAMAGE which I might sustain while participating in the Activity, even though such injury, loss, or damage may have been caused by the negligence of the College.

ACKNOWLEDGMENT

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators, and representatives in the event of my death or incapacity.

ID#	Name (Print):	Signature	Date: