

# Ole Miss Outdoors

University of Mississippi  
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662.915.6735



## Waiver and Release of Liability

*THE UNIVERSITY OF MISSISSIPPI (INCLUDING ITS AGENTS AND EMPLOYEES) (THE "UNIVERSITY") IS NOT RESPONSIBLE FOR ANY PERSONAL INJURY, DEATH OR LOSS OF PROPERTY YOU SUFFER WHILE PARTICIPATING IN THE OLE MISS OUTDOORS PROGRAM.*

In consideration of my participation, I release the University of Mississippi and the Mississippi Board of Trustees for State Institutions of Higher Learning (Including its agents and employees) (the "Board") from all present and future claims of any type, arising as a result of my participation in the Ole Miss Outdoors program. I voluntarily waive all claims, both present and future, that may be made by me, my family, estate, heirs or assigns against the University and/or the Board.

I, \_\_\_\_\_, agree to act in a responsible and safe manner while participating in the Ole Miss Outdoors  
\_\_\_\_\_ (activity) on \_\_\_\_\_ (dates) and while traveling to and from the activity sites.

I understand that I will be exposed to risks and hazards inherent to the aforementioned activity and that there are dangers involved that cannot be fully foreseen or controlled by Ole Miss Outdoors. I acknowledge that no one can warn me of all the dangers associated with the aforementioned activity and that the responsibility is upon me to investigate any activity, hazard, or thing which may be dangerous or that I do not understand. By signing below, I agree to follow all instructions and guidelines at all times for everyone's safety, and willingly assume the risks and responsibilities that are involved in order to participate in this activity.

I assume the risks of personal injury, accidents and/or illness, including but not limited to sprains, strains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions and/or contusions; dehydration, drowning and/or oxygen shortage; exposure or weather-related conditions; head, neck and/or spinal injuries; bite or attack by animal, insect, or marine life; allergic reaction; shock, paralysis or death; and serious injury or impairment to other aspects of my body and general health and well being.

I give permission for the activity leaders to seek emergency medical, rescue, or evacuation services for me should I become injured or ill with the understanding that *I am responsible for any expenses incurred*. I fully understand that the University and/or the Board do NOT provide any medical insurance coverage for me while participating in this activity. I also realize that I may be attended to by the activity leaders until medical care is available.

I acknowledge that photographs and video tapes may be taken during the activity and allow reproductions of these photographic materials to be used in promotional activities initiated by Ole Miss Outdoors, the Department of Campus Recreation and the University of Mississippi.

I agree to assume all risks and responsibility for any and all claims for damages, including personal injury and death, medical expenses, disability, lost wages, loss of hearing capacity, and property damages and loss incurred while participating in the outdoor program including any transportation to and from the activity. I agree to indemnify and hold harmless Ole Miss Outdoors, the Department of Campus Recreation, the University, the Board or any of its agents and employees (hereinafter referred to as Organizers) from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in the activity, *whether caused by the negligence or the Organizers or otherwise*. I understand this agreement is binding on my family, heirs and executors.

I have read the above WAIVER AND RELEASE OF LIABILITY and fully understand its purpose. I willingly sign below and represent that I am 18 years of age or older and otherwise competent to execute this document, or that my legal guardian is also signing this document.

Legal Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ ID# \_\_\_\_\_

Local Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

In Case of Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_