

# SOUTHERN CONNECTICUT STATE UNIVERSITY

## ASSUMPTION OF RISK AND RELEASE

I, *(NAME)* \_\_\_\_\_ of

*(FULL ADDRESS)* \_\_\_\_\_ *(Phone No.)* \_\_\_\_\_

acknowledge that I intend to participate in *(ACTIVITY)* \_\_\_\_\_  
at **Southern Connecticut State University, 501 Crescent Street, New Haven, CT 06515**  
("SCSU") on or about the *(DAY)* \_\_\_\_\_ of *(MONTH)* \_\_\_\_\_, *(YEAR)* \_\_\_\_\_

I understand that there are inherent and other risks involved in the Activity, that it presents the risk of serious and/or fatal injury, and that I may become injured during my participation. With full knowledge of the facts and circumstances surrounding this Activity, I voluntarily undertake this Activity and assume all responsibility and risk from my participation in this Activity, including all risk of loss of limb or life or other injuries to me, property damage, and injury to others, whether caused by the nature of the Activity, my own negligence, or the negligence of others, specifically including SCSU, its employees, agents, managers, Board of Trustees.

I represent to SCSU that there are no health-related reasons or problems that preclude or restrict in any way my participation in this Activity. I assure SCSU that I have adequate health insurance to cover and pay for any medical costs that may directly or indirectly result from my participation in this Activity and that I will indemnify and hold SCSU, its employees, agents, managers and Board of Trustees harmless.

I expressly release and indemnify SCSU and its employees and agents from any liability whatsoever arising out of my participation in this Activity, including, but not limited to, any damage to my property or the property of others and injury to me or to others, including loss of life or limb, arising out of or related to my participation in the Activity and resulting from my negligence or the negligence of others, including SCSU, its employees, agents, managers or Board of Trustees.

This Release and Indemnification is provided in consideration of SCSU allowing my participation in this Activity. I execute this document with full knowledge of the contents and consequences stated in this Release.

PARTICIPANT

PARENT OR GUARDIAN

(sig. required if participant is under 18 years of age)

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*