## NORTHERN MICHIGAN UNIVERSITY Athletics and Recreational Activities Participant THIS IS A RELEASE

## Instructions:

<u>Participants under age 18</u>: A parent or guardian must complete Parts A and B and sign and date at the bottom. <u>Participants age 18 or older</u>: Complete Part A and sign and date at the bottom.

Pa	<u>art A – Participant Waiver and Release from Liability</u> . <i>Pri</i>	nt legibly.	
Participant's Name:Address:		Date of Birth:	
		Telephone No.:	
		Initial each box after reading and understanding each po	aragrap
rec fac	Release, Indemnification, Assumption of Risk. In consider creational and athletic activities and programs of Northern Michigocilities and equipment, pools and saunas (the "Activities"), the UNI erself, and their legal representatives or survivors:	an University ("NMU"), which may include the use of	NMU's
a)	RELEASES, WAIVES, DISCHARGES, AND COVENANT employees, agents, and representatives and other participants damage, claim or demands for injury to the person or property negligence of Releasees or otherwise, in any way related to Partic	("Releasees"), from all liability to Participant for any of Participant, including death, whether caused by the	
b)	AGREES TO INDEMNIFY AND HOLD HARMLESS Release any Releasee due to the presence of Participant in any NMU whether caused by the negligence of Releasees or otherwise.		
c)	ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BO due to the negligence of Releasees or otherwise while in or upon		
d)	ACKNOWLEDGES AND AGREES THAT THE ACTIVITIES OF SERIOUS INJURY, DEATH OR PROPERTY DAMAGE. Sequipment, pools and saunas are potentially hazardous. The dehydration, injury, fainting, falls, muscle and ligament injury, Participant is voluntarily participating in the Activities with the k	Strength, flexibility and aerobic exercises, and the use of inherent risks include muscle soreness, exhaustion, sone fracture, seizure, heart attack, drowning and death.	
SU pai Un	Ability to Participate. THE UNDERSIGNED FURTHER EX UFFERING FROM ANY CONDITION, IMPAIRMENT, DISEA articipation in the Activities. A physician's approval prior to participate affirms that Participant has either been given physician ndersigned has otherwise freely decided to allow Participant to participant.	SE OR OTHER INFIRMITY that would prevent safe sipation in the Activities is strongly recommended. The 's permission to participate in the Activities or that the	
and	<b>Miscellaneous</b> . THE UNDERSIGNED further agrees that this Related that if any portion is held invalid, it is agreed that the balance of hall be governed by Michigan law.		
Pa da am act	art B – Parent/Guardian Waiver and Release from Liabil ate, a parent or guardian must additionally agree as follows: I, in the parent or legal guardian of the minor Participant, ting in such capacity. I agree to the terms of the Part A Waiver and	ity. If the Participant is under 18 years of age, as of, the UNDERSI, and I do hereby affirm the Release, for both myself and the referenced Participant materials.	today's GNED at I am inor.
	<b>ignature of the UNDERSIGNED</b> . THE UNDERSIGNED, OLUNTARILY SIGNS BELOW and further agrees that no oral sta		
Pr	rint Name:		
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