

## Youth Protection Program: Liability Waiver

Program: Event Date(s):		
Participant:	Age (at the time of program):	
Purpose		
This form is to be signed by each Participant (o	r the parent/guardian of any Participant under the age of 19)	
•	the educational, social, recreational, and other benefits to be	
provided, the receipt and adequacy of which is	acknowledged, Participant agrees as follows.	
Liability Release		
	pant knowingly and voluntarily waives, releases, exculpates, and	
discharges UA and	from and against any and all Potential Liabilities	
	rm, the Participant voluntarily agrees to discharge UA,	
	nd any third party entities or contractors in advance from all such	
Potential Liabilities.		
Indemnification		
The Participant agrees to hold harmless and inc	demnify UA and from	
	sing from Participant's involvement in the Program.	
A CD:-l		
Assumption of Risk		
1	that there are risks, including significant risks, inherent in all	
activities that can result in loss, damages, injury		
	crashes, and risks from autos operated by UA or	
	as well as autos operated by other individuals or entities,	
- •	well as criminal acts that can result in serious injury or death;	
_	ay be owned by others and risks from water, such as drowning;	
• <b>Injury risks</b> from falls, collisions, or ac concussion, etc.);	cidents (such as cuts, bruises, torn muscles, sprains, broken bones,	
• Outdoor risks, such as weather, lightne	ing, heat or cold, insect bites/stings, allergic reactions to plants,	
dehydration, hypothermia, drowning, s	sunburn, animals, and limited access to medical care;	
• Risks from others involved in the Prog	gram such as transmitted illnesses or others' actions;	
•	heart or respiratory events as well as other risks inherent in any	
strenuous activities, including things id	· ·	
	suse, inherent risks, and risks from UA or non-UA equipment;	
Other risks and hazards beyond the co		
including criminal acts that can result i	• •	
Activities potentially related to the Program inc	cluding but not limited to:	

The Participant acknowledges that they have had an opportunity to investigate the Program before executing this form and, knowing and understanding all risks associated with the Program, Participant nevertheless **VOLUNTARILY AGREES TO ASSUME AND ACCEPT ALL RISKS** that potentially accompany participation in the Program. Participant also agrees to take all reasonable steps to avoid any risks, injury, or death.

Health Care and Emergencie	Health	Care	and	Emers	gencie
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Neither UA nor	accepts responsibility or liability for providing health
care services or health care insurance for Participant. Participant.	articipant should consult his/her own medical care
provider, and warrants his/her physical fitness to partic	ipate in the Program. Participant authorizes UA and
to obtain a	any necessary medical treatment for Participant during the
Program. Participant agrees to be responsible for the pa	syment of any fees and charges that may be imposed by any
doctor or hospital facility in the provision of medical ca	are to Participant. Further, Participant agrees to indemnify
and hold UA and	harmless from any claim that may be made by a
doctor of medical facility of said fees and charges incur	red in the provision of medical care to Participant. The
Participant is required to provide the name(s) and cont	act number(s) for a parent, guardian, or other party that is
a reliable contact in the event of emergencies.	

## Conduct

Participant agrees, for the duration of the Program, to abide by all applicable federal, state, and local laws as well as the rules and regulations for the Program. Participant also agrees to follow posted signs as well as instructions and directions of University officials and Program directors and supervisory staff.

## Photography

Participant acknowledges that photographs and possible videos	s may be taken and irrevocably and perpetually
authorizes UA and	to broadcast these images. Participant releases
and discharges UA and	from any potential claims related to the
broadcast or use of their image, and any potential claims related	d to the work. Participant waives any right to
inspect or approve the work or the broadcast of their image. The	nis agreement shall be interpreted in accordance
with applicable law. This is the entire agreement of the parties,	and any changes must be in writing.

## **Definitions**

The following terms have the stated meaning when used in this document:

- Applicable Law the laws of the State of Alabama, without regard to conflicts of laws provisions. UA does not waive, but reserves, all immunities, including Article I, section 14, of the Alabama Constitution. Claims against the University must be made to the State Board of Adjustment. To the extent not barred by immunity, nor required to be filed before the Board of Adjustment, exclusive venue and jurisdiction of all disputes shall lie in the state and federal courts of Tuscaloosa County, Alabama.
- <u>Broadcast</u> to use, reuse, broadcast, publish and/or copyright, in whole or in part, for advertising, promotion, publicity, trade, educational, commercial, merchandising, packaging, public relations and media purposes, in all media, worldwide without limitation, in perpetuity.
- <u>Image</u> image, picture, name, biographical information, voice, statements, recordings or interviews made by or attributable to the person who is appearing in the work, verbatim or otherwise, photographic portraits, drawings, visual representations, video tapes, motions pictures, or other use of likeness in whole or in part, and any reproductions thereof.
- <u>Participant</u> the person participating in the Program or any University employee (regular or temporary), 3<sup>rd</sup> party employee, student, or volunteer working in any capacity to facilitate or support the Program. If

- the Participant is under age 19 or is under some form of court-ordered guardianship or custodial arrangement, permission and acknowledgement by a parent/guardian is required.
- Potential Liabilities or Claims any and all loss, injury, death, claims, actions, suits, proceedings, settlements, damages, costs, fees, and expenses, at law or equity, known and unknown, foreseen and unforeseen, including, but not limited to, attorney fees and costs of litigation, and liabilities arising out of, connected with, or resulting from the Participant's involvement in the Program, such as medical expenses, other costs, injury, sickness, or death. Additionally, potential claims related to the use of the Participant's image may refer to any liability, damages (compensatory or punitive), claims, or causes of action whatsoever, including, without limitation, claims for invasion of privacy, defamation of character or any alteration, distortion or illusionary effect, whether intentional or otherwise.
- <u>Program</u> \_\_\_\_\_\_ including all activities incidental or connected therewith, such as housing, dining, training, activities, and transportation. Programs may be held on or off University property and may require transit between two or more locations. The terms of this document will apply regardless of Program location, including to and from the event(s).
- <u>UA</u> The Board of Trustees of The University of Alabama (hereinafter referred to as "UA" or "University"), including The University of Alabama, affiliated foundations, and their respective trustees, officers, employees, agents, representatives and volunteers.
- Work the finished product and any material used in connection therewith.
- \_\_\_\_\_\_ and their directors, trustees, officers, employees, agents, representatives, and volunteers.

Emergency Contact(s):			
Name:	Phone:		
Name:	Phone:		
Acknowledgement I, AS PARTICIPANT, ACKNOWLEDGE THAT I HAV DOCUMENT AND, RELYING WHOLLY UPON MY O THE RISKS ASSOCIATED WITH THE PROGRAM, W DEATH, VOLUNTARILY AGREE TO EXECUTE THIS PROGRAM. I ACKNOWLEDGE THAT NO ORAL REI INDUCEMENTS HAVE BEEN MADE TO ME SEPARA DOCUMENT. I VOLUNTARILY SIGN THIS AGREEM INTENDING TO LEGALLY BIND MYSELF, MY HEIR	OWN JUDGMENT, BELIEF, AND KNOWLEDGE THICH INCLUDE SIGNIFICANT INJURY OR S DOCUMENT AND PARTICIPATE IN THE PRESENTATIONS, STATEMENTS, OR ATE AND APART FROM THE TERMS OF THIS MENT OF MY OWN FREE WILL FULLY		
Signature:			
Printed Name:	Phone:		
*If Participant is under the age of 19, a Parent/Guardian	must execute this document.		
Parent/Guardian Acknowledgement THE SIGNING PARENT/GUARDIAN CERTIFIES TH READ AND UNDERSTANDS THIS DOCUMENT, UN OR DEATH, ASSOCIATED WITH THE PROGRAM, I TO TAKE PART IN THE PROGRAM, HAS THE RIGH IS SIGNING THIS DOCUMENT VOLUNTARILY, ACREPRESENTATIONS, STATEMENTS, OR INDUCEMI APART FROM THE TERMS OF THIS DOCUMENT, A FULLY INTENDING TO LEGALLY BIND PARTICIPA ASSIGNS TO THE TERMS OF THIS DOCUMENT.	AT THEY ARE OVER THE AGE OF 19, HAS NDERSTANDS THE RISKS, INCLUDING INJURY S VOLUNTARILY ALLOWING PARTICIPANT HT TO SIGN ON BEHALF OF THE PARTICIPANT, KNOWLEDGES THAT NO ORAL ENTS HAVE BEEN MADE SEPARATE AND AND AGREES TO ENTER INTO THE SAME,		
Parent/Guardian Signature:	Date:		
Printed Name:	Relationship:		