



LYCOMING COLLEGE
700 College Place
Williamsport, PA 17701

RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

The following details will hereinafter be referred to as the "activity" throughout this document:

ACTIVITY, EVENT or TRIP: Warrior Extreme Challenge	
SPONSORED BY (campus department or group): Recreation	
BEGIN DATE and TIME: 4/08/18 - 11am	END DATE and TIME: 4/08/18 - 1pm

I, the undersigned participant, being 18 years of age or older, request voluntary participation for myself to participate in the activity. I consent to participation in the activity and acknowledge that I fully understand my participation may involve risk of serious injury or death, including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff before signing this document and before the activity begins.

I certify that I am in good health and have no physical condition that would prevent participation in this activity. I recognize that Lycoming College is not responsible for any of my medical or medication needs and I assume all risk and responsibility therefore. I further agree that if I become incapacitated, Lycoming College, through its agents and employees, may take whatever action deemed necessary with respect to my health and safety. I authorize Lycoming College, its agents and employees, to place me, at their discretion and without my further consent, in a hospital or in the care of a local doctor for medical services and treatment in the event such care is required.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my participation in the activity. I agree I am financially responsible for any losses resulting from my actions and will indemnify Lycoming College, its agents and employees, for any loss or damage caused by myself during this activity.

In consideration of my participation in the activity, I hereby waive all claims or causes of action against Lycoming College, its agents and employees, arising out of my participation in the activity and hereby release, hold harmless, and discharge Lycoming College from all liability in connection therewith except such loss or damage which was caused by the sole negligence or willful misconduct of Lycoming College, its agents and employees.

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against Lycoming College, its employee and agents, is knowingly given up in return for allowing my participation in the activity. My signature on this document is intended to bind not only myself but my successors, heirs, representatives, administrators and assigns.

Participant's Name (printed):	Phone #:
Participant's Signature:	Date:
Witness Signature (must be at least 18 years old):	

Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.

Emergency Contact Name:	Phone #:
Relationship to Student:	
List Any Medical/Prescription Information Below:	