

Wesleyan University PERMISSION, WAIVER, RELEASE AND INDEMNITY AGREEMENT

NAME: _____ DATE: _____

In consideration of permitting _____ to enroll or participate in **Wesleyan University T & F Developmental / Open Competitor Track meet.** **Date : Dec 19, 2019 || Jan 2, 2020 Circle**

This waiver form must be presented to or in the possession of the Meet Director in order for the undersigned to participate in the activity stated above. offered by Wesleyan University (Wesleyan T&F) beginning on or about the day signified (above) the undersigned, on behalf of his or herself and for his or her heirs, executors, administrators and all of the assigns of any of them, hereby knowingly and voluntarily **RELEASES, WAIVES, FOREVER RELINQUISHES and DISCHARGES** Wesleyan University, its trustees, officers, agents, servants and employees (the "Released Parties") from any and all claims, causes of action, liability of any type whatsoever including but not limited to liability for personal injury, property damage or wrongful death occurring to him or her arising as a result of, incidental to or related to engaging in the Activity, whether the same shall arise by the negligence of any of the Released Parties or otherwise.

BY SIGNING THIS AGREEMENT, IT IS THE INTENTION OF THE UNDERSIGNED TO EXPRESSLY ASSUME ALL RISK OF PROPERTY DAMAGE, PERSONAL INJURY OR DEATH TO THE EXCLUSION OF WESLEYAN UNIVERSITY AND TO EXEMPT AND RELIEVE WESLEYAN UNIVERSITY FROM LIABILITY FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH, INCLUDING WHERE CAUSED BY NEGLIGENCE.

The undersigned for him/herself, his/her heirs, executors, administrators and/or assigns of any of them agrees that, in the event any claim for property damage, personal injury or wrongful death shall be prosecuted against Wesleyan University arising out of, incidental to or related to him/her and the Activity, he/she shall indemnify and hold harmless Wesleyan University from any and all claims, causes of action, liability, damage, cost or expense by whomever or wherever made or presented arising as a result thereof. The undersigned acknowledges that he/she has read this Agreement, has been fully and completely advised of the potential dangers incidental to engaging in the Activity and is fully aware of the legal consequences of signing this Agreement.

CIRCLE ONE: Student Graduate Faculty Staff Guest/Visitor Other _____

Printed Name Signature Date Date of Birth

For Minors

Parent/Guardian Printed Name Parent/Guardian Signature Date

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