

AMERICAN UNIVERSITY
RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF RISK
FOR PARTICIPATION IN
2019 AHEALTHYU PROGRAMS

I, _____, hereby understand and accept that my participation in any 2019 *AhealthyU* Programs (“Program”) is purely voluntary. In consideration of American University (“University”) permitting me to participate in the Program, I (including my parents, guardians, and legal representatives) hereby agree to defend, indemnify and hold harmless the University and its employees, officers, agents from and against all loss or expense (including costs and attorney’s fees) by reason of liability for damages because of bodily injury including loss of use thereof, whether caused by or contributed to by me or my agents which might occur whatsoever in any way growing out of or resulting from my participation in the Program including but not limited to any cardiovascular, strength, flexibility, and/or aerobic exercise.

I further fully recognize that cardiovascular, strength, flexibility, and/or aerobic exercise involve substantial risk of injury including, but not limited to broken bones, torn ligaments, paralysis, catastrophic injury, and even death and agree to assume all risks and responsibilities associated with my participation.

I represent to the University that I am physically fit and capable of participating in all activities of the Program; there are no health-related reasons or problems of which I am aware that preclude or restrict or limit me from participating in the Program. I agree that I am solely responsible for determining my own limitations with regard to any activity.

I have medical insurance coverage appropriate for my participation in the Program. I understand and agree that the University may not provide any insurance for me in connection with my participation in the Program.

I authorize the University to secure necessary emergency medical treatment in the event of injury or illness while participating in the Program.

I will conduct myself in a safe and prudent manner while participating in the Program.

I hereby attest that I will abide by all policies and procedures related to the Program. In addition, I shall also fully comply with all applicable laws and University policies while participating in the Program. If I violate any policy or guideline or my participation in the Program is at any time deemed detrimental to the Program or any other participants, as determined by the University in its sole discretion, I fully understand that I may be removed from the Program without the University incurring any liability.

I give the University my permission to use information about me and any photograph or other likeness of me in any promotional materials or publications developed, published or otherwise distributed by the University.

I absolve, indemnify, defend and hold harmless American University from any breach of these representations.

I have had the opportunity to ask questions and receive explanation for any statements and policies that I do not understand.

I have read and fully understand the above provisions and agree to be bound by them, as indicated by my signature below.

Participant’s Signature _____ Date _____

Parent/Legal Guardian's Signature _____ Date _____
(If student is under the age of 18)