WAIVER AND RELEASE FORM FOR ACTIVITY PARTICIPANTS

This waiver and release is presented to me by Northwest Missouri State University (Northwest) located in Maryville, Missouri for my participation in ***5KXCV-KRNW Run for Radio*** on ***April 9-23, 2022*** and I agree to abide by the following:

For myself, my estate, assigns and representatives, I hereby release, indemnify, hold harmless and forever discharge the University, its regents, officers, employees, and agents from any and all claims, liability, demands, lawsuits, and causes of action of any kind or nature, known or unknown, that I have or may have, arising from or related to my participation in this event. I understand that activities, of which I will take part as a participant, can be dangerous and may cause or lead to injuries, including but not limited to, broken bones, concussions, comatose state and other very serious bodily injuries up to and including death.

In consideration of the University's permission for me to participate in this event, I, for myself, my estate, assigns and representatives, hereby waive any and all claims of any kind or nature, known or unknown, for damages, injuries or losses to myself or my property arising from or related to my participation in this event. Unless required by law or valid order of court, I shall not file, allow to be filed, consent to, or cooperate with any claim, cause of action, lawsuit, or demand of any kind or nature for injuries or losses to or by me arising from or related to my participation in this event, and shall on demand defend and indemnify the University for any cost or expense associated therewith. I hereby consent that the University or its agent may arrange for or provide emergency medical care that appears reasonably necessary, or transportation to such care. I understand and agree that neither the University nor its trustees, officers, employees, or agents shall provide medical insurance, nor will they pay any medical cost or expense incurred by me. I shall be responsible for the payment of all such expenses, including the costs of transportation or hospitalization.

I acknowledge that I am sufficiently fit to participate in this activity, and that I may examine the facilities where the activity shall take place. My participation shall be conclusive proof that I was satisfied with the safety and condition of the premises. Being over the age of 18 years, I hereby affix my signature as evidence of my assent to, and agreement with the terms above:

_____ _____

Signature Printed Name Date

_____

Activity Location Dates of Participation

_____

PARENT/GUARDIAN signature if under 18 years of age Date