

**TULANE UNIVERSITY CLUB SPORTS
VISITING TEAM ASSUMPTION OF RISK AND RELEASE FORM**

Club Sport	Date	Location
Name of Visiting School/Club	Advisor/Supervisor's Name	Advisor/Supervisor's Phone & Email

In consideration of the opportunity to participate in the above-referenced Tulane University Club Sports Activity ("the Activity"), I hereby acknowledge and agree as follows:

I recognize that participation in any sporting/recreational activity carries with it certain inherent risks of injury, including but limited to: **cuts, abrasions, sprains; dental injury, eye injury or loss of sight, fractures, spinal injuries (including paralysis), head injury or concussion, and catastrophic injury such as heart failure or even death.** I further acknowledge that there may be environmental hazards in connection with my participation in the Activity, including but not limited to uneven, rough terrain; hot, exposed climate; unpredictable weather and conditions (e.g., lightning, rain); and possible contact with plants, insects and other naturally occurring phenomena.

I certify that I am unaware of any medical or physical condition that would make my participation in the Activity inadvisable or that could interfere with my safety or the safety of others in connection with my participation in the Activity. I hereby assume and agree to bear the costs of all risks that may be created, directly or indirectly, by any such condition, whether or not disclosed to the University. I acknowledge my responsibility to maintain health insurance coverage sufficient to provide for all medical or dental services to treat any injury related to my participation in the Activity.

My participation in the Activity is purely voluntary. I expressly accept and assume all risks associated with my participation in the Activity. I also agree to abide by all rules of the applicable Activity sport and to provide my own protective equipment.

I HEREBY AGREE TO RELEASE, DEFEND, INDEMNIFY HOLD HARMLESS, AND FOREVER DISCHARGE THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND, ITS ADMINISTRATORS, TRUSTEES, OFFICERS, FACULTY, STAFF, AGENTS AND OTHER REPRESENTATIVES (COLLECTIVELY, "THE UNIVERSITY"), ON BEHALF OF MYSELF, MY CHILDREN, MY PARENTS, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND ESTATE FROM ANY AND ALL CLAIMS, DEMANDS OR CAUSES OF ACTION WHICH IN ANY WAY RELATE TO OR ARISE OUT OF MY PARTICIPATION IN THE ACTIVITY OR MY USE OF THE UNIVERSITY'S EQUIPMENT OR FACILITIES, REGARDLESS OF WHETHER CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY NEGLIGENT ACTS OR OMISSIONS OF THE UNIVERSITY.

In the event that I file a lawsuit against the University, I agree to do so solely in the state of Louisiana and I further agree that the substantive law of Louisiana (without regard to its conflict of law provisions) shall apply in any such action. I agree that if any portion of this agreement is found to be void or unenforceable for any reason, the remaining portions shall remain in full force and effect.

I have read this Liability Release in its entirety; I understand it and I agree to be bound by its terms. I certify I am at least eighteen years of age.

Name (Please Print)	Signature
1. _____	_____
2. _____	_____
3. _____	_____
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