



Liability Release and Waiver

Registered Student Organization Informed Consent to Participate

This is a legally binding release made to Grand Valley State University. I (print name) _____ fully recognize that there are dangers and risks to which I may be exposed by participating in the Sibs and Kids Weekend 2022, an event sponsored by the Grand Valley State University Student Organization Campus Activities Board (CAB). I understand the University cannot guarantee my personal safety while I am participating in this event. There are dangers and risks associated with all physical activity including the risk of physical injury.

During this event, you may be invited to participate in a variety of physical activities. All physical activity involves a range of inherent risks. Consequently, you should make sure you have adequate health to participate in these activities. It is your responsibility to check with a physician of your choice about your health status if there is any question regarding your fitness for participation. If at any time during participation, you experience any physical distress, or have any questions or concerns regarding your participation, see your instructor immediately. Your participation in activity is voluntary.

Some types of equipment used in physical activity have unique characteristics and, if improperly used, can be dangerous and result in injury. Before you use any equipment, make sure you know how it works and it is in safe working order. Safety equipment may be required for some class activities. Failure and to use equipment as intended will increase your risk of injury to yourself and, possibly, to others.

People participating in events offered by the Student Organization Campus Activities Board assume the following responsibilities:

- Will comply fully with all rules, directions, and guidelines concerning physical activities and the safe use of equipment.
- Will notify the instructor or building manager immediately if any unsafe or hazardous situations or unsafe practices come to his/her attention.
- Will limit his/her participation to planned class/event activities as directed by the instructor.
- Will stop participating if the participant feels he/she cannot continue safely.

I have read the above statements describing risks and responsibilities. I understand the potential risks associated with participation in physical activity. I understand I should consult with a physician to determine my suitability for participation if there is any question about its appropriateness. I understand I should consult with the instructor (will replace "instructor" with "building manager" for the Campus Activities Board event) if I have any uncertainty or concerns regarding my participation as well as questions/doubts about safety during class activities. My questions about this agreement have been answered to my satisfaction.

While I participate in this event, I agree to follow the behavior guidelines outlined in the Student Code of Conduct and if I do not comply with those conditions, or any of the responsibilities outlined above, I understand this may result in dismissal from the class/event.

Participant's Signature _____

Participant's printed name _____ Date: _____

Parent or Guardian Signature _____ Date: _____

(required if student is less than 18 years old)

(Waiver Revised March 2011)