



UNIVERSITY OF PITTSBURGH AT JOHNSTOWN

Authorization/ Liability Release Form

Participant Name: _____

Campus Address: _____

Telephone: _____

E-Mail Address: _____

Activity: _____

***** READ CAREFULLY BEFORE SIGNING. *****

This is a legally-binding Liability Release made by the above-named Participant to the University of Pittsburgh at Johnstown, a part of the University of Pittsburgh – Of the Commonwealth System of Higher Education (the “University”).

I fully recognize that there are dangers and risks to which I may be exposed by participating in the Activity. It is fully recognized and understood that my participation in this Activity may give rise to the risk of injury either by way of my own actions or the actions of others. Examples of these dangers and risks are injuries or conditions including, without limitation, muscle or ligament damage, lacerations, abrasions, contusions and fractures, heart attack, as well as other injuries or conditions up to and including loss of life. I understand that the University does not require me to participate in the Activity, but I want to do so, despite the possible dangers and risks and despite this Liability Release. I further acknowledge that to the best of my knowledge, information and belief, I am physically able to participate in the Activity without any undue or unusual risk to me or to others.

I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with the Activity, including, but not limited to, traveling to and from the Activity and participating in the Activity. In consideration of and return for the services and other things provided to me by the University in the Activity, I **HEREBY RELEASE THE UNIVERSITY** (and its trustees, officers, employees and agents) **FROM ANY AND ALL LIABILITY, CLAIMS AND ACTIONS THAT MAY ARISE FROM INJURY OR HARM TO ME, FROM**

MY DEATH OR FROM DAMAGE TO MY PROPERTY, IN CONNECTION WITH THE ACTIVITY. I UNDERSTAND THAT THIS RELEASE COVERS LIABILITY, CLAIMS AND ACTIONS CAUSED ENTIRELY OR IN PART BY ANY ACTS OR FAILURES TO ACT OF THE UNIVERSITY (OR ITS TRUSTEES, OFFICERS, EMPLOYEES OR AGENTS), INCLUDING BUT NOT LIMITED TO NEGLIGENCE, MISTAKE OR FAILURE TO SUPERVISE BY THE UNIVERSITY.

I recognize that this Liability Release means I am giving up, among other things, rights to sue the University for injuries, damages or losses I may incur. I also understand that this Liability Release binds my heirs, executors, administrators and assigns, as well as myself. I have read this entire Liability Release, I fully understand it and I agree to be legally bound by it.

Health Insurance Company

Releaser’s Signature

Health Insurance Policy Number

Date

In case of an emergency contact:

Name

Telephone Number