

**HOLD HARMLESS and RELEASE AGREEMENT**

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ I understand, agree and appreciate that the \_\_\_\_\_ may involve a variety of rigorous physical activities including, but not limited to: \_\_\_\_\_. The degree and extent of participation remains my choice, based on what I can comfortably and willingly risk. However, it is up to me to inform the appropriate authority of my choice, and tell the authority if I perceive pressure to participate. Yet there is a risk, both known and unknown, which must be assumed by me, that I may suffer serious emotional or physical injury or disability, or even death.

\_\_\_\_\_ It is herewith acknowledged and agreed that by my participation in the \_\_\_\_\_ that I understand that such activity is inherently dangerous regardless of safety precautions to reduce the risk, and that **I HAVE VOLUNTARILY AND KNOWINGLY ASSUMED ANY AND ALL RISKS**, both known and unknown, including that I may suffer serious emotional or physical injury or disability, or even death, as a result thereof, and that I assume full responsibility for my participation. I further **ASSUME ALL LIABILITY** for my own actions and any damages or injuries caused by the same. In the event that I observe and perceive any unusual or significant hazards during my presence or participation, I will immediately notify the appropriate authority and remove myself from participation in this activity.

\_\_\_\_\_ In accordance therewith, in consideration of my participation in the \_\_\_\_\_, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby **RELEASE AND HOLD HARMLESS**, Louisiana State University, Board of Supervisors of Louisiana State University and Agriculture and Mechanical College its agents, officers, employees, participants, volunteers, and all other persons or entities acting in any capacity on its behalf, used to conduct the event (hereafter referred to collectively as the "Releasees"), with respect to any and all injury, disability, death and/or loss or damage to person or property, including if such injury or damage is due to the negligence of Releasees and its employees. Should Releasees, or anyone acting on thier behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold such harmless for all fees and costs. **I certify that I have adequate health insurance to cover any injury or damage that I may sustain while participating, or I agree to bear the costs of such injury or damage to myself.** I further certify that I am in good health, and I have no medical or physical conditions that could interfere with my safety in this activity, or I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. I understand and acknowledge that it is my personal responsibility to obtain my own medical advice and evaluation to determine whether I should participate in the \_\_\_\_\_. In case of an emergency, this consent also authorizes the release of this form and all medical and accident report forms to emergency personell, doctors, hospitals, insurance companies, my employers, other person or entities deemed appropriate.

**I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY, WHEREIN I HAVE ALSO ASSUMED THE RISK OF MY PARTICIPATION IN THIS PROGRAM, FULLY UNDERSTANDING ITS TERMS, AND UNDERSTANDING THAT BY VIRTUE THEROF I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND DO HEREWITH SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT.**

\_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Home Phone Number: \_\_\_\_\_

Emergency Telephone Number: \_\_\_\_\_

**FOR PARTICIPANTS OF MINOR AGE**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do herewith consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in the \_\_\_\_\_ production.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Date

Home Phone Number: \_\_\_\_\_

Emergency Telephone Number: \_\_\_\_\_