2016 ACROFEST PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Andrews University, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "AU"), I hereby agree to release, indemnify, and discharge AU, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

I acknowledge that my participation in aerial arts, aerial skills, gymnastics, lyra, trapeze, trampoline, jumping, teeterboard, group
routines, cheer stunting, circus arts training, and other various disciplines entails known and unanticipated risks that could result
in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks
simply cannot be eliminated without jeopardizing the essential qualities of the activity. I knowingly accept and assume any risks
involved with these activities.

The risks include, among other things: slips and falls; falling from equipment; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, concussions, or even more severe life threatening hazards; strains, cuts, muscle soreness, tears and fractures; musculoskeletal injuries including head, neck, and back; injuries to internal organs; the negligence of other people; the negligence of other participants, or other persons who may be present; my own physical condition; and the risk of emotional and psychological injuries or physical damage associated with this activity. Traveling to and from shows, meets and exhibitions raises the possibility of any manner of transportation accidents. In any event, if you or your child is injured, any medical assistance will be at your own expense.

Furthermore, AU employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction. I agree AU and its employees are not responsible for items outside of their control referenced in this paragraph.

- 2. I expressly and knowingly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless AU from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of AU's equipment or facilities, including any such claims which allege negligent acts or omissions of AU.
- 4. Should AU or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs and any injuries that occur as a result of my actions or inactions.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6. In the event that I file a lawsuit against AU, I agree to do so solely in the state of Michigan, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, Imay be found by a court of law to have waived my right to maintain a lawsuit against AU on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by it.I have been given ample opportunity to seek answers or clarifications related to any provisions herein and I have received all information to my fully and complete satisfaction.

Print Name		Phone Number 		
State	Zip	Email		
Signature of Participant			Date	
			Date	
being permitted by AU to pa	rticipate in its activi	ities and to use its equipme	(print minor's name) ("Minor") ent and facilities, I further agree to indemnify and hold harmless and which are in any way connected with such use or participation	
Parent or Guardian:		Print Name:	Date:	