**ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT**

By signing my name below, I voluntarily choose to participate in departmental activities during the current academic year. I recognize that any activity has some risk associated with it – risks such as being in an accident while driving, or riding in, a vehicle, choking on food, being exposed to illness or disease, or damage to personal property, to name a few. I believe that the rewards I will gain from interacting with my professors and the students and staff in my department more than outweigh any risks and I accept that the department’s mission is advanced by activities outside the classroom. Recognizing that not every risk can be listed above, by signing my name below and participating in the departmental activities, I voluntarily assume any and all risks (whether or not listed) associated with the departmental activities and I specifically agree to hold harmless Andrews University, its trustees, officers, faculty, staff and volunteers. That is, I agree to assume responsibility for any injuries and damages I might suffer and not seek compensation from the University, its trustees, officers, faculty, staff and volunteers.

Also by signing below, I affirm that I have current medical insurance coverage and that such coverage is adequate to cover any injuries I might experience as a result of my participation in departmental activities.

***NOTE: This is a legal document that affects your legal rights. Your signature below signifies that you have read the document carefully, that you understand it, and that you agree with its terms as a prerequisite to any participation in departmental activities.***

*I agree to the terms and conditions of this Assumption of Risk and Hold Harmless Agreement.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Printed Name*

**If the student is under the age of 18, a parent/legal guardian must sign below.**

*On behalf of my child/charge, I agree to the terms and conditions of this Assumption of Risk and Hold Harmless Agreement.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Parent/Legal Guardian Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Printed Name of Parent/Legal Guardian*