

# ADULT LIABILITY RELEASE AND ASSUMPTION OF RISK

(For any Activity that Includes an Adult Participant age 18 or older)

## ECU CAMPUS RECREATION & WELLNESS

In consideration of being allowed to participate in \_\_\_\_\_, (“**Program**”) I hereby release and agree to indemnify and hold harmless East Carolina University and all of its officers, agents, volunteers, and employees, from and against any and all claims, damages, demands, actions, or causes of action, on account of damage to personal property or personal injury, including death, which are in any way connected with, or related to, or that result from, my participation in the **Program**. This includes, but is not limited to, release of, and agreement to, indemnify and hold harmless East Carolina University and all of its officers, agents, volunteers, and employees of and from negligence.

I acknowledge that being allowed to participate in the **Program** is a privilege, and I agree that this privilege is a tangible benefit to me.

I hereby attest and verify that I have full knowledge of the risks involved in participation in the **Program**, including, but not limited to, physical injury, disability and death. I knowingly and voluntarily assume those risks, and I will assume and pay my medical expenses and emergency expenses if I am injured, and I hereby authorize officials connected with the **Program** to take action to secure medical assistance for me in the event of injury.

I attest that I am physically fit and sufficiently trained to safely participate in the **Program**. If I require an accommodation in order to participate in the **Program**, I will first contact the ECU Department of Disability Support Services for the purpose of determining what if any accommodation may be provided: 252-737-1016.

I have read the foregoing LIABILITY RELEASE AND ASSUMPTION OF RISK, and freely and voluntarily agree to its terms.

\_\_\_\_\_  
Signature of Adult Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Adult Participant

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

[NOTE to Staff: If this adult’s minor child is *also* participating in the activity, then the adult must *also* sign the Minor Liability Release as Parent/Guardian– Two Releases for one activity in that case]

