

**Intramural Sports/Student Activities
Assumption of Risk and Release of Liability Form**

Name: _____ ID # _____

Phone Number: _____ E-mail address _____

Address: _____
Street City State Zip

**Lewis-Clark State College Student Activities and Intramural Sports
Assumption of Risk and Release of Liability
Please Read Before Signing!**

In consideration for being allowed to utilize the programs, activities, services, facilities, and equipment available in Lewis-Clark State College Intramural and & Recreational Sports and Student Activities, I understand and realize that my participation in any or all programs or activities may involve dangerous risks and hazards that may result in injury to me or even death. I also understand and agree that the programs and/or activities, in which I will be involved, may result in damage or loss to my personal property either due to the environment or the acts or omissions of myself or others, and that I am solely responsible for the protection and security of any personal property of any kind or description that I bring to the program or activity. I knowingly and voluntarily assume all such risks that I may sustain in connection with any and all programs and activities, including but not limited to, injury sustained through forces of nature, falling, slipping, and any accident or illness that may occur while I am enrolled in any or all programs and/or activities and any damage or loss to my personal property.

Furthermore, in consideration of the permission granted to me to participate in any or all programs or activities, on behalf of myself, my heirs, legal representatives, and assigns, I release and discharge the State of Idaho, Lewis-Clark State College, their administrators, directors, coordinators, employees, or their agents from liability for any injuries or property loss or damage I may sustain while participating in Lewis-Clark State College Intramural and & Recreational Sports and Student Activities, even if arising out of the negligence on their part. This release, however, does not extend to loss or damage arising out of *intentional acts* by, or from *gross negligence of*, the administrators, directors, coordinators, employees, or agents of Lewis-Clark State College.

I fully realize and accept the responsibility to carry out all program activities in a safe and prudent manner and within the structure of the policies, procedures, and guidelines of Lewis-Clark State College.

I also agree I shall be responsible for any expense incurred or damages suffered as a consequence of my personal injury or property loss or damage, that **I shall carry adequate accident and health insurance** for this purpose, and I shall not hold the State of Idaho or Lewis-Clark State College responsible for such expenses.

I hereby grant further permission to Lewis-Clark State College and Lewis-Clark State College Intramural and & Recreational Sports and Student Activities to be photographed, without further compensation, understanding that is intended for publication or promotional purposes in print media, newspaper, television, video, motion picture, or web site on the internet. I additionally consent to the use of my name and/or interview comments in connection with the publication or promotional purposes in print media, newspaper, television, video, motion picture, or web site on the Internet.

THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE FROM THIS DATE FORWARD

Participant Signature: _____ Date: _____

Witness Name (Please Print): _____

Witness Signature: _____ Date: _____

Note: We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We encourage those with pre-existing conditions to wear a medical alert bracelet or neck tag indicating the appropriate medical information.