

**LIBERTY UNIVERSITY, INC.
INTRAMURAL SPORTS
ASSUMPTION OF RISK**

Carefully read this form. If you need more clarification, contact your University Contact, your parents, and/or an attorney for assistance before signing.

I desire to participate in the Intramural Sports Program (the “Activity”) offered by Liberty University, Inc. (“Liberty”), located at 1971 University Blvd, Lynchburg, VA 24515. Intramural Sports involve participants engaging in competitive amateur sports within the Liberty student body.

In consideration of my being allowed to participate in the Activity, I understand that I must sign this Assumption of Risk Form (“AOR”).

THE ACTIVITY HAS CERTAIN INHERENT RISKS, FORESEEABLE AND UNFORESEEABLE, INCLUDING, BUT NOT LIMITED TO, TEMPORARY OR PERMANENT BODILY INJURY, PARALYSIS, DISEASE, AND DEATH.

By signing this AOR and participating in the Activity, I assume all risks and dangers associated with participating in the Activity, including those specifically identified below, and represent that I have read and understand the following:

GENERAL RISK ASSOCIATED WITH THE ACTIVITY

The Activity involves physical activity, which is hazardous. The Activity has certain inherent risks, some of which cannot be eliminated regardless of the care taken to avoid these risks. **I AM AWARE THAT THE ACTIVITY, WHETHER OR NOT REQUIRING THE USE OF FAST-MOVING PLAYING EQUIPMENT, AND CONTACT WITH OTHERS, CAN BE DANGEROUS.** Specific risks that may be involved in the Activity include, but are not limited to: unwanted contact with other participants and their playing equipment; contact with fast-moving playing equipment (including things like balls, discs, arrows, etc.); contact with the playing surface and surrounding elements; equipment failure; environmental conditions (including weather); and slipping, tripping, falling, and my susceptibility to harm or injury (whether known or unknown to me). The results arising from these and other inherent risks may include, but are not limited to: serious neck and spinal injuries which may result in complete or partial paralysis and/or brain damage; serious injury to internal organs; serious injury of the musculoskeletal system; concussions; dehydration; heat stroke; sunburn; fatigue; fainting; dizziness; allergic reactions; sprains; loss of sight; loss of hearing; loss of bodily senses; skin lacerations, punctures, and disfigurement; cardiovascular risks, including heart attacks; exposure to colds, fevers, influenzas, viruses, and other contagious sicknesses; burns, other heat-related injuries, and heat-related damage to property; serious injury or impairment to other aspects of my body, general health, and well-being; and even death. I understand that the dangers and risks of participation in the Activity may impair my future ability to earn a living, engage in business, social and recreational activities, and generally enjoy life.

MEDICAL FITNESS ACKNOWLEDGEMENT

With full knowledge of the risks, I represent myself to be in sufficiently good health to participate in this Activity and free from any medical condition, physical or mental, that could potentially interfere with my ability to participate in this Activity or that could be worsened by participating in this Activity or that could

endanger my health or safety or the health or safety of other participants. I further acknowledge that it is my responsibility to bring for the Activity whatever medications or other personal care items as may be reasonably necessary to keep myself adequately hydrated, prevent, treat, or otherwise manage my specific medical conditions or sensitivities (e.g., prescriptions, over-the-counter medications, epinephrine auto injectors, antihistamines, water, bug repellent, sunscreen, et cetera). I assert that I have valid and current insurance to cover any injury or damage I may cause or suffer while participating in the Activity *or* I (or my parent/legal guardian) agree(s) to personally bear the costs of such injury or damage.

TREATMENT AUTHORIZATION

If I require emergency medical treatment as a result of an injury, accident, or illness arising during the Activity, I consent to and authorize Liberty and its employees to seek medical attention or care on my behalf and/or to transport or cause me to be transported to a medical facility or hospital. I acknowledge that Liberty has no obligation to seek or provide such medical care to me and that I (or my parent/legal guardian) am responsible for all charges related to such transportation and medical care.

ACCIDENT INVESTIGATION

In the event I witness or am involved in an accident or event resulting in property damage or personal injury of any kind, no matter how insignificant it may seem, I agree to immediately report such accident or event to a Liberty employee, which includes a Campus Rec or Intramurals employee, and to cooperate in the investigation of the accident or event.

PERSONAL EQUIPMENT

In the event I bring any equipment or personal property to Liberty's campus, I agree to assume all risks associated with the use of such equipment or personal property. I agree Liberty and its employees are not responsible for any loss or theft of, or damage to, any equipment or personal property I bring onto campus.

BEHAVIOR AT LIBERTY CAMPUS

I agree to read and abide by all posted signs at Liberty's campus, including, but not limited to, posted signs at LaHaye Recreation Center, LaHaye Ice Center, the Intramural Turf Fields, and all other Liberty facilities, and to comply with all instructions from Liberty employees. I acknowledge that engaging in negligent or reckless behavior or failing to comply with all instructions of Liberty or other Activity organizers supervising the Activity may increase my risk of suffering injury or death during the Activity. Persons under the influence of drugs or alcohol are not permitted at Intramurals or on campus. I agree that, if I have any questions about rules or whether certain behavior is permissible, I will ask a Liberty employee before engaging in the questionable behavior. I further agree that my failure to comply with this paragraph may result in my immediate removal from the Activities and/or Liberty's campus without refund.

PHOTOGRAPHY CONSENT

The Activity may involve photography. I hereby consent to and grant to Liberty, its respective affiliates, successors and assigns, and others the unconditional right, license, and permission to use my name, image, and likeness and waive any right to inspect and/or approve any photography, film videotape, recordings, or advertising copy which may be used in connection with my participation in the Activity.

GOVERNING LAW; FORUM SELECTION

This AOR will be governed by Virginia law. Any legal action arising out of or relating to this AOR must be brought in a court sitting in Lynchburg, Virginia.

SEVERABILITY

I agree that this AOR is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Virginia. I agree that if any provision herein is found invalid or unenforceable, the remainder will continue in full force and effect. I also agree that any invalid portion will be modified or partially enforced to the maximum extent permitted by law to carry out the purpose of this AOR.

INDEMNIFICATION

Knowing the risks described above, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Activity. To the maximum extent permitted by law, I release, hold harmless, and agree to indemnify Liberty, and its officers, faculty, staff, representatives, employees, and agents, from and against any present or future claims, losses, liabilities, costs, and expenses for injury to person or property, or for any other damage, which I may suffer, or for which I may be liable to any other person, related to my participation in the Activity, resulting from any cause.

PARTICIPANT CONSENT (Required of all participants, regardless of age. Electronic signatures are acceptable).

BY SIGNING BELOW, I REPRESENT AND ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND UNDERSTAND THIS ASSUMPTION OF RISK AND ASSUME THE RISKS AND DANGERS ASSOCIATED WITH THE ACTIVITY BY MY VOLUNTARY PARTICIPATION AND BY MY SIGNATURE BELOW.

Signature of Participant: _____ Date: _____

Name of Participant: _____ Date of Birth: _____

PARENT/LEGAL GUARDIAN CONSENT (Required if the participant is less than 18 years of age. Electronic signatures are acceptable).

As the parent and/or legal guardian of the minor participant identified above, I agree I have carefully read and understand this Assumption of Risk, I agree to all terms above and adopt all of the representations, acknowledgments, and agreements made by the minor participant, both personally and on behalf of the minor participant, and I hereby assume the risk that the minor participant may be injured or even killed while participating in the Activity and consent to the minor participant's participation in the Activity.

Signature of Parent/Legal Guardian: _____ Date: _____

Consent for Treatment and Release

Printed Student Name: _____ Date of Birth: _____

LU ID: _____

Liberty University, Inc. (“LU”) has engaged Collaborative Health Partners, LLC (“CHP”) to provide professional athletic training and related services to LU’s student-athletes. As a condition of my participation in NCAA Athletics, Club Sports, Intramural Sports, or Campus Recreation events and activities at LU, I hereby grant permission to CHP’s athletic training staff utilizing specific physician directed standing orders to proceed with any medical treatment and/or minor surgical treatment, x-ray, examination, and/or immunizations for the above-named student-athlete. In the event that I am unconscious or mentally unable to make a sound reasonable decision due to a serious injury or illness, I understand that the decision for needed major surgery or emergency medical treatment will be made by the attending physician and or athletic training staff member. If I require emergency medical treatment as a result of an injury, accident, or illness arising during my participation in athletic activities and events as a student-athlete at LU, I consent to and authorize CHP, its employees, or independent medical contractors to seek medical attention or care on my behalf and or to transport or cause me to be transported to a medical facility or hospital. I acknowledge that CHP has no obligation to seek or provide such medical care to me and that I (or my parent/legal guardian) am responsible for all charges related to such transportation and medical care.

I hereby authorize the physicians, athletic trainers, athletic training staff and other healthcare personnel contracted by LU via CHP to release my protected health information and any other related information regarding any injury, accident, or illness arising during my participation in athletic events and activities as a student-athlete at LU. This protected health information may concern my medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status and related personally identifiable health information. This protected health information may be released to other healthcare providers, parent/legal guardians, hospitals, and or medical clinics, laboratories, athletic coaches, strength and conditioning coaches, medical insurance coordinators, insurance carriers, medical suppliers and/or service companies, academic counselors, athletic or university administrators, chaplains and or clergy members, sports information staff and members of the media.

I understand that my authorization and consent for the disclosure of my protected health information is a condition for participation in NCAA Athletics, Club Sports, Intramural Sports, or Campus Recreation events at LU.

Student Signature: _____ Date: _____