

PARTICIPANT WAIVER AND HOLD HARMLESS FORM

2. I am fully aware that there are inherent risks involved with ACTIVITY and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me as a result of participating in said activity.

I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my participation in said activity.

- 3. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.
- 4. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of New Jersey.
- 5. In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing Covenant Not to Sue and Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this

document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

6. I grant William Paterson University permission to use my image in visual reproduction, taping, filming and of videotaping in whole or in part and in any medium for lawful purpose including, but not limited to, illustration, promotion, or advertising without compensation to me. I expressly waive any right to notice or approval of any use of my image by William Paterson University. I release, discharge and hold harmless William Paterson University for any claim or liability in connection with the use of my image.

SIGNED this	day of	, 20
Participant Signa	ature:	
Printed Name: _		
Parent or Legal ((If Participant is u	Guardian Signature: nder 18 years old)	
	Guardian Printed Name: nder 18 years old)	
Witness Signatu	re:	
Witness Printed	Name:	