



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Event Name: CREDO HEALTH FACULTY GETAWAY

Date: AUGUST 16-18, 2024

I HEREBY ASSUME ALL THE RISKS OF PARTICIPATING OR ATTENDING THIS ACTIVITY OR EVENT, namely the **Credo Health Getaway** including by way of example and not limiting the risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by the camp of because of their possible liability without fault.

I acknowledge that this accident waiver and release of liability form will be used by the event holder, sponsors, and organisers of **Credo Health Getaway** and that it will govern my actions and responsibilities at said activity or event.

In my consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, **administrators**, heirs, next of kin, successors, and assigns as follows:

- A) I WAIVE RELEASE, AND DISCHARGE from any liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event.
- B) I INDEMINIFY, HOLD HARMLESS, AND WILL NOT TO SUE the entity and/or persons organising this event and waive them from any and all liabilities or claims as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

~~I am aware that alcohol will be provided and I will not consume it if I am under the age of 18 and I will not provide any substance to any other students under the legal drinking age. I hereby, take all action and responsibility for my actions if intoxicated and do not indemnify the parties organising or providing alcohol at this event.~~

In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in this activity. I

authorise program staff to secure any licensed hospital physician and/or camp personnel any treatment deemed necessary for the participant's immediate care.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organisers, and assigns.

The accident waiver and release of liability shall be constructed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I have read this entire Agreement, I fully understand it, and I agree to be bound by it. I represent and certify that my true age is at least 18 years old or, if I am under 18 years old on this date, my parent or legal guardian have also signed the Agreement.

Participant Name (Print) _____

Participant Signature _____

Date _____

If Participant is under 18 years old, his/her parent or guardian must sign below.

Printed Name: _____

Parent/Guardian Signature:

_____ Date _____