

### **Liability Waiver**

I fully understand that:

- Participating in **EVENT** carries potential health and safety risks, which I voluntarily assume;
- these risks may vary, and may be caused by (i) my own errors, carelessness, or recklessness, and (ii) misjudging my own capabilities or;
- there may be other risks not known to me or that are not readily foreseeable at this time; such as those caused by illness, environmental, and natural conditions, and hazards outside of my and/or UNC Asheville's reasonable control; and
- the personal, health, social and economic losses and/or damages that could result from those risks could be severe and permanent.

I acknowledge UNC Asheville allows participation in **EVENT** without any warranty of any kind, express or implied, provided by UNC Asheville.

I voluntarily accept and assume all risks related to my participation in **EVENT**, known and unknown, and assume all responsibility for the losses, costs and/or damages, including injury, disability, paralysis, or death, even if caused, in whole or in part, by the negligence of others.

I HEREBY WAIVE, RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the UNC System or UNC Asheville's agencies directors, officers, employees, volunteers, and agents, from and with respect to all liability to me, my personal representatives, assigns, heirs, and next of kin, for any and all claims, demands, losses, or damages on account of any injury, including, but not limited to, death, injury or damage to me or my property, caused or alleged to be caused in whole or in part by my participation in **EVENT**.

### **Medical Indemnification and Waiver**

I understand UNC Asheville cannot be expected to control all of the risks associated with participation in **EVENT**. I agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, UNC Asheville and its agents from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility.

**Prior to signing this document, I have had an adequate opportunity to read and understand it, have had an opportunity to ask questions about it, and any questions I have had have been answered to my satisfaction.**

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Participant Name (Please print)

Cell Phone

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Signature of Participant

Date

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Signature of Parent/Guardian of Minor Participant

Date