

Waiver, Release And Hold Harmless Agreement

Read carefully - this affects your legal rights

Name of Participant: _____ Phone Number: _____

Address: _____

E-Mail: _____

In consideration of permission granted by Quinnipiac University allowing me to participate in the **Bobcat Stride Walking Program** (the "Activity"), which will occur beginning February 23, 2022 and run Monday - Friday until the University determines an end date, which is sponsored by the University, I (together with my parent or guardian, if I am under the age of eighteen (18) or under a legal disability) represent, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me, as follows:

1. I acknowledge that participating in the Activity involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others. I accept and voluntarily incur all risks of any injuries, damages, or harm which arise during or result from my participation in the Activity, including any associated travel, regardless of whether or not caused in whole or in part by the negligence or other fault of Quinnipiac University, The Trustees of Quinnipiac University, and/or its or their departments, trustees, affiliates, employees, officers, agents or insurers ("Released Parties").
2. I waive all claims against any of the Released Parties for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims.
3. I agree to follow the university guidelines for health regulations in general especially those related to COVID-19.
4. I give permission to Quinnipiac University to utilize any medical emergency services it deems necessary to treat any accident, injury or illness that may occur arising from my participation in the Activity.
5. I agree that I or my child has adequate medical coverage and insurance.

Insurance Provider: _____.

6. I agree to hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties.
7. I have carefully read and reviewed this Waiver, Release and Hold Harmless Agreement. I understand it fully and I execute it voluntarily.

EXECUTED this _____ day of _____, 20____.

Participant Signature

Participant Printed Name

Parent/Guardian Signature
(required if participant is under the age of 18 or disabled)

Parent/Guardian Name