Assumption of Risk and Release Waiver

By signing the Assumption of Risk and Release, the individual named below wishes to participate in the "Event/Activity" described below and recognizes that there are risks of damage or injury arising from this event or from other activities (including travel) that may be associated with participation in the Event/Activity.

Event/Activity: Rose-Hulman High School Mathematics Competition

Hosting Club/Department: Department of Mathematics

Location: Rose-Hulman Institute of Technology Main Campus

Start Date: _____ End Date: _____

By his/her signature below, the participating individual voluntarily agrees to assume and/or incurs all risks of loss, impairment, damage or injury of whatever kind, including death, that may be sustained or suffered by participation in this Event/Activity whether or not the result in whole or in part of acts or omissions, negligence or other unintentional fault of the Event/Activity or Rose-Hulman Institute of Technology. In addition, the participant (including his/her heirs, assigns and personal representatives) agrees to release, hold harmless, and indemnify Rose-Hulman Institute of Technology from and against any claims, demands, actions, causes of action, lawsuits, expenses, or losses (including attorneys' fees) on account of property damage or personal injury (including death) arising out of or attributable to the individual's travel to or participating in the Event/Activity.

This Assumption of Risk and Release Waiver applies to Rose-Hulman Institute of Technology and all of its trustees, officers, directors, managers, servants, agents, faculty, staff, students, volunteers, employees, advisors and/or representatives.

The undersigned acknowledges that he/she has read and understands this document.

Executed as of this _____ day of _____ 20 _____

Participant's Name: _____

Address: _____

_____

Participant's Signature (or that of parent guardian if participant is under 18 years of age):

_____

Emergency Contact Info:

Name: _____

Address: _____

Relationship to Participant: _____

Phone: _____