

UNIVERSITY OF KANSAS PARTICIPANT RELEASE OF LIABILITY

Event/Activity: _____

Location: University of Kansas – Lawrence Campus

Date(s) of Event: _____

THIS FORM MUST BE SIGNED PRIOR TO PARTICIPATION IN THE ABOVE ACTIVITY.

I wish to participate in the above-described Event/Activity (“Activity”). I understand that I do so at my own risk. In exchange for being permitted to participate in this Activity, I hereby release from liability the University of Kansas, the State of Kansas, the Kansas Board of Regents, including their affiliates, agents, and employees (collectively, the “Released Parties”) from any and all claims, demands, lawsuits, expenses and any other liability of any kind, including any and all loss, damage, injuries, expenses or other harms of or to me or any other person, directly or indirectly arising out of or in connection with my participation in or attendance in the above-described Activity.

I further agree to hold harmless, indemnify and reimburse the Released Parties from and for any sums, costs, or expenses incurred by any of the Released Parties or paid by them to any person (including me or my insurers) in connection with any accident, loss, damage, or injury sustained by me or others in connection with my attendance at or participation in the Activity. This means that I will reimburse the Released Parties if anyone makes a claim against them based on damages or injuries I may suffer.

Participant Signature

Participant Name (Print)

Date