

**ASSUMPTION OF RISK AND LIABILITY FORM
SOSW NAMI WALK – UNH DURHAM CAMPUS**

Participant information:

First Name: _____ Last Name: _____

DOB: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone #: _____ UNH Email: _____@unh.edu

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document.

If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I acknowledge that participating in the SOSW NAMI WALK – UNH DURHAM CAMPUS is a potentially hazardous activity and I should not enter and participate unless I am medically able. I acknowledge and assume any and all risks associated with this event. Knowing and appreciating these risks, I hereby for myself and anyone else claiming on my behalf, covenant not to sue, and waive, release, and discharge The University of New Hampshire, The University System of New Hampshire, its employees, its volunteers, and sponsors from any and all claims of liability for death, personal injury, or damage of any kind arising out of my participation. This Acknowledgement of Risk and Waiver of Liability extends to all claims of every kind whatsoever. I also consent to emergency treatment in the event of injury or illness. I further grant full permission for The University of New Hampshire to use any photographs, recordings, or any other record of this event for any purpose. My signature acknowledges that I have read the above waiver and I agree and accept all terms and conditions set forth herein.

Emergency Contact Name: _____

Telephone# _____

In signing the Acknowledgement of Risk and Waiver Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual.

Participant Signature: _____

Date: _____

REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE: PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT AGREEMENT

I certify that I am the parent or legal guardian of the above-named participant in the SOSW NAMI WALK – UNH DURHAM CAMPUS. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the SOSW NAMI WALK – UNH DURHAM CAMPUS, and I hereby give my consent to participation by my dependent in the SOSW NAMI WALK – UNH DURHAM CAMPUS, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the University from and against all claims, demands or suits that my dependent has or may have.

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Name : _____



**Memorial Union and
Student Activities**