

VOLUNTARY WAIVER FORM
Assumption of Risk & Indemnity Agreement & Health Insurance Certification

Description of Activity (type, date/time or timeframe, location): _____

The undersigned requests (on behalf of him/herself or his/her child) and is granted permission to participate in an Activity at and/or sponsored by Providence College as described above. The undersigned acknowledges and fully understands that there are or may be hazards and risks incident to participation in this Activity, including risk of serious injury or death, and including losses that may result not only from the Participant's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, from the condition of the facilities, equipment, or areas where the Activity is being conducted, and/or related to the specific type of Activity, and understands that Providence College assumes no responsibility of any nature whatsoever for the actions of Participant or any other person or entity involved in this Activity.

In consideration for permission to participate in this Activity at and/or sponsored by Providence College, the Participant, who is 18 years of age or whose parent/legal guardian hereby consents to participation as indicated by signing this Waiver Form, on behalf of Participant and his/her heirs, executors, administrators, personal representatives, successors, and assigns, release, forever discharge, and indemnify and hold harmless, Providence College, its trustees, administration, faculty, employees, staff, students, agents, successors, and assigns (hereinafter referred to collectively as "Providence College"), from and against any and all manner of action or actions, cause or causes of action, suits, debts, sums of money and all other claims and demands whatsoever in law or equity which Participant now has, ever had, or in the future may have, against Providence College, arising out of or in any way associated with, either directly or indirectly, participation in this Activity at and/or sponsored by Providence College, or for contribution or indemnification with respect to any claim made against the Participant by any other person or entity in connection with the Activity.

The undersigned certifies that the Participant is in good health and has no physical condition that would prevent participation in this Activity. The undersigned certifies that the Participant is covered by a health insurance plan for any injury or accident that may occur while participating in or in conjunction with this Activity and that such insurance plan shall constitute the medical coverage for treatment if an accident or injury occurs. The undersigned understands and agrees that Providence College does not assume responsibility for the payment of health care not covered by Participant's health insurance plan. Participants who are Providence College students understand that the College's Student Health Center may not be able or equipped to provide medical care for any injury resulting from participation in this Activity. In the event that the Participant requires emergency medical treatment, the undersigned hereby consents to such emergency treatment.

This instrument has been executed in and shall be interpreted according to the laws of the State of RI.

IN WITNESS WHEREOF, I have HEREUNTO SET MY HAND THIS ____ DAY of _____, 20____.

Print Participant Name

Participant Signature

Witness Signature

Banner Number and Class Year (if applicable)

Print Parent/Legal Guardian Name (if under age 18)

Parent/Legal Guardian Signature