

University of Missouri
Liability Waiver/Assumption of Risks & Participation

The **Mizzou Rec** is owned, sponsored, and operated by The Curators of the University of Missouri (MU).

I am aware of the dangers involved in participation in the physical activities of a Recreation; these activities include, without limitation, practices and events. With regard to such physical activity, I am aware that there is inherent danger and risk of injury. I also am aware that many of these injuries may be serious and may include, without limitation, damages to joints, ligaments, muscles, bones, neck, spine and other parts of the body.

Further, I am aware that activities related to the event will involve the use of certain equipment. I am aware that such equipment in no way guarantees my safety from injury. Additionally, said equipment must be used in a proper manner; therefore, I will follow any and all instructions related to the use of equipment including those instructions provided by the manufacturer, equipment personnel and coaches.

My participation in the above event and in all activities related to the above event is a voluntary act with full and complete knowledge of the risks involved. I hereby voluntarily assume all such risks associated with my participation in the above events. Additionally, I agree to exonerate, save, indemnify, and hold harmless the owners, employees, and volunteers; MU its officers, agents, and employees – including without limitation, equipment personnel, and physicians and other practitioners of the healing arts - from any and all liability, claims, causes of action or demands of any kind and nature whatsoever, including without limitation personal injury which may arise from or in connection with my participation in any activities related to the event/clinic.

The terms hereof shall serve as a release and assumption of risk for me, my parents or guardian, my heirs, estate, executor, administrator, assignees, and all members of my family. I have read and understand this acknowledgment and release and execute it as a free and voluntary act.

Further, this acknowledgment and release is contractual and not a mere recital.

By signing this document, I agree that I have read, fully understand, and agree to follow all rules/policies outlined for the event/clinic.

Name (Please Print)

Signature

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date