

**AGREEMENT TO PARTICIPATE**

This is legally binding Release made by me, \_\_\_\_\_,  
age, \_\_\_\_\_, to the University of Pittsburgh. [print full name]

I fully recognize that there are dangers and risks to which I may be exposed by participating in the practice, competition and/or other activities of the **PITT OUTDOORS CLUB**.

Example of these dangers and risks are injuries or conditions including, without limitation, muscle or ligament damage, lacerations, abrasions, contusions and fractures, heart attack, as well as other injuries or conditions up to and including serious injury or impairment to my body, general health and well being or loss of life. I understand that the University does not require me to participate in the Club or in these activities, but I want to do so, despite the possible dangers and risks and despite this Release.

I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with my participation in the Club. In consideration of and return for the services, facilities, equipment or other things provided to me by the University, I HEREBY RELEASE THE UNIVERSITY (and its trustees, officers, employees, and agents) FROM ANY AND ALL LIABILITY, CLAIMS AND ACTIONS THAT MAY ARISE FORM INJURY OR HARM TO ME, FROM MY DEATH OR FROM DAMAGE TO MY PROPERTY, IN CONNECTION WITH MY PARTICIPATION IN THE CLUB. I UNDERSTAND THAT THIS RELEASE COVERS LIABILITY, CLAIMS, AND ACTIONS CAUSED ENTIRELY OR IN PART BY ANY ACTS OR FAILURES TO ACT OF THE UNIVERSITY (or its trustees, officers, employees, or agents), INCLUDING BUT NOT LIMITED TO NEGLIGENCE, MISTAKE OR FAILURE TO SUPERVISE BY THE UNIVERSITY.

I recognize that this Release means I am giving up, among other things, rights to sue the University for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators and assigns, as well as myself.

I further acknowledge, that to the best of my knowledge, information and belief, I am physically able to participate in the Club without any undue or unusual risk to others or me. I acknowledge that the University has recommended that I consult with, and have a physical examination conducted by, a physician before I engage in any of these activities.

I have read this entire Agreement To Participate; I fully understand it and I agree to be legally bound by it.

**READ CAREFULLY BEFORE SIGNING**

\_\_\_\_\_  
E-mail address, please write legibly

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date