

# CLASH *of the* COLLEGES



## Participant Waiver

### Informed Consent, Acknowledgement of Risk and Assumption of Liability

I hereby acknowledge the dangers and risks involved while participating in Clash of the Colleges (the "Event"). I understand that the activities during the Event involve certain risks for physical injury and I agree to conduct myself in a responsible manner, to act safely and to follow any and all rules, procedures or instructions available. Activities include but are not limited to, relay races, inflatables, water balloons, and group sports.

I affirm that I am fully aware of my current health and physical condition, have the physical ability and capacity to participate in the Event and have the skills and the knowledge to safely use all required equipment for this activity. **I voluntarily elect to participate in the Event, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death.**

In consideration of the opportunity to participate in the Event, and with full and complete understanding of the consequences of my decision, I agree to waive and release Wichita State University, its employees and its representatives, from any and all claims for injuries or damages that may arise for any reason as a result of my participation in the event, including any and all claims based on the negligence of Wichita State University its employees and/or representatives.

By signing this waiver, I acknowledge that I fully understand its content, and voluntarily accept the release of liability. I also understand that during the Event I may be photographed, videoed, or audio taped and that these photos, videos or tapes are the property of Wichita State University and may be used in future University-related publications, electronic/online media and social media posts.

I accept the releases from liability, and I waive all rights to sue, the ICAA Parties for any bodily injury, sickness, disease (including, but not limited to COVID-19), loss of consortium or services, death or damage to property or other incidents that may occur while in or around the Facility or using ICAA and/or WSU services, both known and unknown, regardless of whether arising from the negligence of ICAA or WSU.

Name \_\_\_\_\_ myWSU ID \_\_\_\_\_ Phone # \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature *(required if participant is under 18)* \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Contact Info:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

