



Release of Liability Form

Mission Teams

The undersigned student at Hannibal-Lagrange University, who is 18 years of age or older, in consideration of being granted the privilege of participating in the following or under the sponsorship of Hannibal-LaGrange University:

1. Function/Activity: _____
2. Location: _____
3. Date(s): _____

Does hereby acknowledge that the attendance at this function or participation in this activity involves some risk of injury, including the possibility of serious injury and therefore agrees to the following:

1. I knowingly and freely assume full responsibility for risks, both known and unknown, arising from my attendance and/or participation in the above.
2. I agree to comply with the ordinary and customary terms and rules of my participation and I will voluntarily remove myself should I encounter any reasons for not participating and bring such to the attention of the appropriate university authority.
3. If I should require medical attention of any sort during the above identified function/activity, permission is given to _____ or other appropriate supervising adults to act on my behalf in seeking such necessary medical attention.
4. I agree to hold HLGU, its employees and/or representatives harmless in the event of any and all accidents and injuries, including for fatal injury/accidents.

Student Participant Signature

Date

Waiver of Claims and Release of Liability

Disclaimer: Hannibal-LaGrange University is not responsible for any injury (or loss of property) to any person suffered while participating in an activity or event at or while participating in voluntary mission or relief efforts on behalf of Hannibal-LaGrange University for any reason whatsoever, including ordinary negligence on the part of Hannibal-LaGrange University their agents, instructors, sponsors or employees.

In consideration of my participation in certain activities at or on behalf of Hannibal-LaGrange University, I hereby release and covenant not to bring any manner of legal action against Hannibal-LaGrange University, Hannibal-LaGrange University Board of Trustees, and any of its employees, instructors, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Hannibal-LaGrange University or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in events or activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that some activities are vigorous involving severe cardiovascular stress. I understand that these activities involve certain risks, including, but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs. I am voluntarily participating in these activities with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless Hannibal-LaGrange University, Hannibal-LaGrange University Board of Trustees, and any of its employees, instructors, sponsors or agents for any and all claims arising as a result of my engaging in these activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Missouri and agree that if any portion of this waiver and release of claims is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in the State of Missouri, County of Marion.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of Hannibal-LaGrange University, Hannibal-LaGrange University Board of Trustees, and any of its employees, instructors, or agents.

Signature of participant

Date

Signature of Parent if participant is under 18

Date