



## ACROFEST 2023

### Assumption of Risk, Release of Liability, and Indemnification Agreement

I am fully informed of the inherent risks associated with gymnastics and sports acrobatics. It is my desire to participate in the **Andrews University Acrofest 2023** acrosports program and/or practice in the designated event facilities (“Program” or “Facilities”). As I consider this activity, I hereby knowingly and intelligently assume the risks of harm and/or bodily injury to the person or property that is associated with or arise out of this activity. As an athlete, I am aware of the following:

1. Gymnastics or Sports Acrobatics, with maneuvers involving body motion, rotation, and height creates an increased risk for severe head, neck or spinal injuries and even death.
2. The social and economic losses and/or damage, which should result from those risks and dangers described above, could be severe.
3. These risks and dangers may be caused by my negligence or the negligence of others.
4. There may be other risks not known or reasonably foreseeable at this time.

Additionally, I am aware that it is my responsibility to inspect the facilities and equipment to be used prior to my participating in any event or practice session and to immediately advise the instructor if I believe anything is unsafe and refuse to participate when such unsafe conditions exist. I agree to abide by all safety guidelines established for the Program or Facilities.

To the fullest extent permitted by law, I agree, on behalf of myself and my heirs, to release, indemnify, defend, and hold harmless the Program/Facility Organizers (the Program Organizers are Andrews University, and their respective trustees, officers, employees, agents, volunteers, and assignees) from and against any and all claims arising out of or resulting from my participation in the Program or at the Facility. A “claim,” as used in this Agreement, means any cause of action, suit, action, liability, damage, financial loss, or expense, including, but not limited to attorney’s fees, arising from my participation in the Program or at the Facility. I acknowledge that this Agreement is intended to be as broad and inclusive as permitted by law and that, if any portion is held to be invalid, the remaining portion of this Agreement shall continue in full force and effect. In addition, I affirm that I have current medical insurance coverage and that such coverage is adequate to cover any injuries I might experience as a result of participation in the Program or at the Facilities. This Agreement shall be effective for participation in the Program or at the Facilities throughout its entire duration.

I affirm that I have current medical insurance coverage and that such coverage is adequate to cover any injuries I might experience as a result of my participation in **Acrofest 2023** and in any of Andrews University facilities.

NOTE: This is a legal document that affects your legal rights. Your signature below signifies that you have read the document carefully, that you understand it, and that you agree with its terms as a pre-condition to participation in the Program or at the Facility. By signing my name below, I agree to the terms and conditions of this Assumption of Risk, Release from Liability, and Indemnification Agreement.

Age of gymnast \_\_\_\_\_ Printed name of gymnast \_\_\_\_\_

Signature of gymnast \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

(only if gymnast is under age 18)

Emergency contact name & phone number \_\_\_\_\_

