



## Waiver and Release of Liability Agreement

**All individuals wishing to participate in activities held at Robert Morris University must complete this form. If the individual is under the age of eighteen, a parent/legal guardian must complete the form for each individual child wishing to participate.**

Office of Residence Life

6001 University Boulevard  
Moon Township, PA  
15108-1189

412-397-4300  
www.rmu.edu

I, \_\_\_\_\_, hereby acknowledge that my son/daughter, \_\_\_\_\_, is given permission to participate in \_\_\_\_\_, which was organized by Robert Morris University, involves risk of injury, minor or serious, including permanent disability or death, and severe social and economic losses to person or property. These types of injuries may result from my own actions, inactions or negligence, but also the actions, inactions and negligence of others, or a combination of both. I assume all the foregoing risks and accept personal responsibility for any and all loss, liability, damages or costs following such injury, permanent disability or death.

I understand that any rules and/or regulations which are or may be developed for the aforementioned event are designed for the safety and protection of participants, and my child will hereby undertake to abide by these rules and/or regulations.

In consideration for being allowed to participate I, for my child \_\_\_\_\_, my personal representatives, heir and next of kin, release, waive, discharge and covenant not to sue Robert Morris University, any of its agents, servants, administrators, directors, coaches, Board of Trustees, and other employees or agents of the organization, all of which are hereinafter referred to as "releases," from any and all claims, liability, demands, losses or damages on account of injury, or any other form of harm, including, but not limited to, death damage to property, caused or alleged to be caused in whole or part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE. I UNDERSTAND THAT BY SIGNING I AM GIVING UP SUBSTANTIAL RIGHTS AND I SIGN VOLUNTARILY.

\_\_\_\_\_  
Child's Name (Printed)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Name (Printed)

\_\_\_\_\_  
Date