



# Release of Liability Waiver (Visitor Participation)

**\*To be filled out by visiting participants\***

Activity \_\_\_\_\_

Location \_\_\_\_\_

Date Submitted \_\_\_\_\_ Time \_\_\_\_\_

Visitor Team Name \_\_\_\_\_

Primary Representative Name: \_\_\_\_\_

Visitor Email Address \_\_\_\_\_ Visitor Phone Number \_\_\_\_\_

**THIS FORM MUST BE SIGNED PRIOR TO PARTICIPATION IN THE ABOVE ACTIVITY.**

I wish to participate in the above-described activity. I understand that I do so at my own risk. In exchange for being permitted to participate in this activity, I hereby release and waive Recreation Services, the University of Kansas, the State of Kansas, the Kansas Board of Regents, any corporations or entities affiliated with the foregoing from liability for any and all loss, damage, injuries, claims, demands, lawsuits, expenses and any other liability of any kind, of or to me or any other person, directly or indirectly arising out of or in connection with my participation in or attendance in the above-described activity.

I further agree to hold harmless, indemnify and reimburse the Released Parties from and for any sums, costs, or expenses incurred by any of the Released Parties or paid by them to any person (including me or my insurers) in connection with any accident, loss, damage, or injury sustained by me or others in connection with my attendance at or participation in the above-described activity. This means that I will reimburse the Released Parties if anyone makes a claim against them based on damages or injuries I may suffer.

Participants' Names (please print)

Participants' Signatures

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(Visitor Participation)**

Participants' Names (please print)

Participants' Signatures

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