



## Hoopers University General Liability Release Form

### **Participant Information:**

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Address: \_\_\_\_\_
- City, State, Zip: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_

### **Emergency Contact Information:**

- Emergency Contact Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

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### **Release of Liability and Waiver of Claims**

I, the undersigned participant, hereby acknowledge that my participation in activities, events, programs, or services (collectively referred to as "Activities") offered by Hoopers University ("HU") may involve inherent risks, including but not limited to physical injury, property damage, or other harm. I understand that these risks may arise from my own actions, inactions, or negligence, as well as from the actions, inactions, or negligence of others, or from the condition of the premises or any equipment used.

In consideration of being permitted to participate in the Activities, I hereby agree as follows:

1. **Assumption of Risk:** I voluntarily assume all risks associated with my participation in the Activities, including any risks that may arise from negligence, recklessness, or intentional misconduct by HU or any of its employees, volunteers, agents, or contractors.

2. **Release and Waiver:** I hereby release, waive, and discharge HU, its affiliates, officers, directors, employees, volunteers, agents, contractors, and other participants (collectively referred to as "Releases") from any and all claims, liabilities, demands, or causes of action that I may have now or in the future, arising out of or related to my participation in the Activities, including but not limited to claims for personal injury, property damage, or wrongful death, whether caused by the negligence of the Releasees or otherwise.
3. **Indemnification:** I agree to indemnify, defend, and hold harmless the Released from and against any and all claims, liabilities, damages, losses, or expenses (including reasonable attorneys' fees) arising out of or related to my participation in the Activities, including but not limited to any claims brought by third parties arising out of my actions or inactions.
4. **Medical Treatment:** I hereby consent to receive medical treatment deemed necessary if I am injured or become ill during the Activities. I agree that I am solely responsible for any medical expenses incurred as a result of any injury or illness sustained during the Activities.
5. **Photographic and Media Release:** I grant HU the right to take photographs, video recordings, and other media of me during the Activities and to use these materials for promotional, marketing, or other purposes without compensation to me.
6. **Acknowledgment of Understanding:** I have read this General Liability Release Form and fully understand its terms. I acknowledge that by signing this form, I am waiving certain legal rights, including the right to sue the Releases. I sign this form voluntarily and without any inducement or coercion.

**Participant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If Participant is under 18 years of age:**

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Witness Information:**

• Name: \_\_\_\_\_ Date: \_\_\_\_\_

• Signature: \_\_\_\_\_

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