F&M Participation Agreement/Waiver

Print Name: ____________________________________________

Student ID Number: ____________________________ Phone Number: (____) __________________

Club/Organization Name: ................................................................................................................

Participation Agreement

Franklin & Marshall College offers its students an opportunity to participate in the following activity(ies) through the Club/Organization named above:

_____________________________________________________________________________________________

There are certain inherent risks involved in these activities, and there are safety and conduct requirements for all participants. Your participation is voluntary. If you choose to participate, here are some of the risks:

• The activities may involve strenuous physical exertion.
• The activities may involve the use of equipment.
• The activities may expose you to the elements.
• You MIGHT be in remote locations, where emergency services are not readily available.
• The activities MIGHT involve long distance travel, which may be in vehicles driven by fellow students or buses.

By participating in the activity, you state and affirm the following:

• I fully understand and acknowledge the inherent risks and dangers of this activity.
• I understand that it is my responsibility to follow all safety precautions and procedures.
• I understand that participating in these activities and using the equipment may result in illness, injury, death or damage to personal property. These risks and dangers may be caused by other participants, or by accidents, or by the forces of nature or other causes.
• I understand I must be in good physical condition to participate. I affirm that I am in good health. I understand that strenuous physical exertion will be required, and I have no known physical disabilities or health problems, which will present any impediment to my participation.
• I have completed the Medical Information & Emergency Contact form fully and completely (see Appendix A). I understand that my Medical Information & Emergency Contact form will be reviewed by the leaders and/or advisors for the Club.
• I understand that if I feel I am unable to participate in any activity, I can choose not to participate.
• I affirm that I will not be under the influence of alcohol or controlled substances, and will not carry, use or consume these substances throughout the activity.
• I will at all times conduct myself in accordance with Franklin & Marshall College’s Student Code of Conduct and all other College rules and procedures, and understand that I will be subject to disciplinary action for failing to do so.
• I have medical insurance that will provide coverage throughout this activity. I understand that the College will not pay for any medical expenses and will not pay for any damaged, stolen or lost personal property.
• The Club/Organization and Franklin & Marshall College can refuse to allow my participation in any class, training, trip or activity.
Waiver and Release of Liability

I, ________________________________________, on my own behalf and on behalf of my personal representatives, executors and heirs, release and hold harmless, Club/Organization Name: 
and Franklin & Marshall College, their members, directors, trustees, officers, employees, instructors and agents from any and all injuries, losses or liabilities resulting from my involvement or participation in this program to the fullest extent permitted by law (the “Release and Hold Harmless”). This Release and Hold Harmless shall include, but not be limited to, all injuries, losses or liabilities of whatever nature incurred or sustained to my property or me. This Participation Agreement constitutes the entire agreement of the parties and shall be binding on my heirs, successors, assigns, administrators and executors.

I HAVE READ THE ABOVE, UNDERSTOOD IT, AND BY SIGNING IT AGREE TO ITS TERMS. I ACKNOWLEDGE THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE AGREEMENT AND ITS TERMS AND HAVE BEEN AFFORDED THE OPPORTUNITY TO CONSULT MY OWN COUNSEL WITH REGARD TO ITS TERMS, ITS SCOPE AND ITS MEANING. I AFFIRM THAT I AM A LEGAL ADULT.

Print Name: ________________________________ Date: ______________________

Signature: ________________________________

Street Address: ________________________________

City, State and Zip Code: ________________________________

Email Address: ________________________________

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Appendix A
Medical Information & Emergency Contacts

Print Name: ________________________________

First Emergency Contact Name: ________________________________

Day Phone: __________________ Evening Phone: ______ Cell Phone: __________________

Second Emergency Contact Name: ________________________________

Day Phone: __________________ Evening Phone: ______ Cell Phone: __________________