SAINT MARY'S UNIVERSITY SINCE 1802

One University. One World. Yours.

APPENDIX H: TRAVEL ROSTER AND ASSUMPTION OF RISK

Sport Club Name _____

Destination _____

Date(s) of Trip

Assumption of Risk: I am aware that participation in recreational events or instruction, the use of related equipment, and associated Club travel involves risk, and in consideration of you accepting this application, I hereby expressly assume such risk. Furthermore, I understand that Saint Mary's University does NOT accept responsibility for injury or loss incurred by an person participating in activities of Sports Clubs affiliated with the Department of Athletics. Therefore I release and discharge Saint Mary's University, it's staff, employees, servants, and agents from all claims for injury or damages suffered by me by reason of my participation in any program of activities offered as a result of this application. As well, if I ride in an ambulance, and if I receive medical treatment, I am responsible for these costs. I understand that my behavior during Club activities (including travel) is governed by the Department of Athletics and the Code of Student Conduct.

My signature below is given freely in order to indicate my understanding and acceptance of the above Assumption of Risk.

Full Name (please print)	**Signature**