BE SURE TO PRINT YOUR NAME BELOW, AND READ AND INITIAL EACH SECTION.

1. ______________, wish to participate in the ___________ ROSARIO SCUBA AND SNORKELING ___________ (Activity) offered by Walla Walla University (University). The term University as used in this agreement shall include Walla Walla University along with its officers, directors, agents, employees, successors, and assigns. As a precondition to participating in the Activity, I have read the following Liability Waiver, Assumption of Risk, and Release Agreement (Agreement) and agree to its terms.

1. Express Assumption of Risk. I understand that participating in the Activity entails inherent risks of physical injury, including, but not limited to, the risks described in the Activity Detail Form on the reverse side of the Agreement. I have been given the chance to ask questions concerning the Activity Detail Form, and all such questions have been answered to my satisfaction. Having read this form, I am fully aware of the risks and hazards associated with the Activity. Also, I understand and agree that situations may arise during the Activity which may be beyond the control of the leaders or participants. The risks include, by way of example and not limitation, accidents that may happen while traveling to the Activity locations. I VOLUNTARILY ASSUME ALL RISKS of loss, property damage, or personal injury including death, associated with participation in the Activity, unless caused by the gross negligence or willful misconduct of the University, its officers, trustees, agents, employees, or volunteers.

I have read and understand the above. (Initial here) __________

2. Liability Release. In consideration for the University allowing me to participate in the Activity, I RELEASE, FOREVER, DISCHARGE, AND AGREE NOT TO SUÉ THE UNIVERSITY FROM ANY LIABILITIES, CLAIMS, DEMANDS, ACTIONS, CAUSES OF ACTIONS, COSTS, AND EXPENSES OF ANY NATURE WHATSOEVER ARISING OUT OF ANY LOSS, DAMAGE, OR INJURY, INCLUDING DEATH THAT MAY BE SUSTAINED BY ME OR PROPERTY BELONGING TO ME, and arising from the Activity or while upon the premises where the Activity is being conducted, excepting those claims arising from the gross negligence or willful misconduct of the University. I hereby waive all claims which I have now or may hereafter have against the University in any connection with my participation in the Activity.

I have read and understand the above. (Initial here) __________

3. Indemnification. I agree to indemnify and hold harmless the University from and against any loss, liability, damage, or costs, including court costs and attorneys’ fees, that the University may incur arising from my involvement in the Activity.

I have read and understand the above. (Initial here) __________

4. Warranty of Physical Fitness. I agree that it is my sole responsibility to be familiar with the physical and/or mental demands associated with the above-named activity. With these demands in mind, I have no physical or medical condition which, to my knowledge, would endanger myself or others if I were to participate in this Activity, or would interfere with my ability to participate in this Activity. I maintain medical insurance that covers me for accidents and illnesses while I am participating in this Activity, unless caused by the gross negligence or willful misconduct of the University. I, ______________________, hereby release the University from any liabilities, claims, demands, actions, causes of actions, costs, and expenses of any nature whatsoever arising out of any loss, damage, or injury, including death, which may be sustained by me or property belonging to me, and arising from the Activity or while upon the premises where the Activity is being conducted, excepting those claims arising from the gross negligence or willful misconduct of the University.

I have read and understand the above. (Initial here) __________

5. Emergency Medical Treatment. I grant the University permission to authorize emergency medical treatment, and agree that such action by the University shall be subject to the terms of this Agreement. I understand and agree that the University assumes no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

It is further my express intent that this Agreement shall bind the members of my family and spouse (if any), my estate, heirs, administrators, assigns, and personal representatives. I agree that this Agreement and any claims from my participation in the Activity shall be construed in accordance with the laws of the State of Washington, without regard to its conflict of laws provision. The courts in Walla Walla County shall be the forum for any lawsuit arising from the Activity or incident to this Agreement. The terms of this Agreement shall be severable, such that if a court of competent jurisdiction holds any terms to be illegal or unenforceable, the validity of the remaining portions of this Agreement shall not be affected thereby.

I have read and understand the above. (Initial here) __________

This is a release of legal rights. READ AND UNDERSTAND BOTH SIDES BEFORE SIGNING.
ACTIVITY DETAIL FORM

Name of Activity/Class: ___________________________ ROSARIO SCUBA AND SNORKELING

Date(s) of Activity/Class: ___________________________ June 23, 2019 - June 22, 2020

Location of Activity/Class: _______ WWU Campus

Other: Rosario Beach Marine Laboratory area, Anacortes, WA

Description of Activity/Class:

Scuba/Skin Diving and Snorkeling

ALL OCCUPANTS OF MOTOR BOATS AND THOSE WHITE WATER BOATING (INCLUDING CANOES, KAYAKS, ROWBOATS, ETC.) SHALL WEAR A COAST GUARD-APPROVED PERSONAL FLOTATION DEVICE AT ALL TIMES.

By participating in the above activity/class you may be exposed to several inherent risks, including but not limited to those listed below:

- Asphyxiation
- Breathing difficulties
- Broken bones
- Cardiac arrest
- Choking
- Death
- Dehydration
- Eye injuries
- Fainting, dizziness, or lightheadedness
- Head, neck, or back injuries
- Increased heart rate
- Injuries from other participants, objects, equipment, or vehicles
- Internal injuries
- Joint dislocations, sprains, stiffness, or soreness
- Muscle strains, stiffness, soreness, or cramps
- Pain or discomfort
- Puncture wounds
- Skin cuts, abrasions, or contusions
- Drowning
- Heat exhaustion
- Hypothermia
- Injuries from animal, insect, or plant exposure
- Injuries from weather exposure
- Sunburn

We request that you conduct your participation with the safety of yourself and others in mind.

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND BOTH SIDES BEFORE SIGNING.

Name of Participant (printed) ___________________________ Signature ___________________________

Date ___________ Age ___________ Signature of Guardian if 17 years old or younger