

**UNIVERSITY OF OREGON – Oregon Forensics  
GENERAL RELEASE OF LIABILITY, ASSUMPTION OF RISK AND AGREEMENT NOT TO SUE**

This Release of Liability, Assumption of Risk and Agreement Not to Sue (Agreement) is made by the undersigned individual who will be a participant in Oregon Global Debate Institute the “Activity.”

In consideration of my being permitted to participate in Activity, I acknowledge and accept the risks inherent in the activity as set forth below.

**Dates of Activity**: July 27-August 3, 2019 (mock trial and IEs)

July 27-August 10, 2019 (debate)

**Description of Activity**: Oregon Global Debate Institute will consist of 14 days of dorm stay, dorm food, walkability near campus, and 8-10 hours per day of lecture and lessons.

**Assumption of Risk.** Participation in activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as bruises, scratches, and sprains to 2) major injuries such as eye injury or loss of sight, hearing related injury, emotional or mental trauma, joint or back injuries, broken bones, muscle injuries, heart attacks, and concussions to 3) catastrophic injuries including, major head trauma, loss of limb or appendage, paralysis, and death.

**Specific Risks Include**: Dorms, Travel to and from university, walking around campus and nearby locations.

**Travel will be provided as follows**: Staff of the camp, cabs, shuttles, public transit

I certify that there are no health-related reasons or problems that preclude or restrict my participation in the Activity. I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize the University of Oregon to secure any appropriate treatment including the administration of an anesthetic and surgery. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University of Oregon has no obligation to provide or seek out any medical treatment.

In consideration for my being permitted to participate in the Activity, **I release the State of Oregon, the Board of Trustees of the University of Oregon and the University of Oregon and all their respective officers, employees, agents, and volunteers (the “Released Parties”) from any and all liability, negligence, and expense in any way resulting from, related to, or arising out of my participation in the Activity, including but not limited to liability and expense attributable to any injury, death, property damage, lost wages, economic loss, emotional distress, psychic injury, pain, or suffering of any kind whatsoever.**

I further promise not to sue the Released Parties and agree to hold them harmless with respect to any and all claims, liability and expense, including those set forth in the preceding paragraph, in any way resulting from, related to, or arising out of the Activity.

**I understand that my participation in the Activity is completely voluntary and that participation is not required by any of the Released Parties.**  I declare that I am eighteen years of age or older, that I have read this entire agreement and understand the above provisions and that I agree to be bound by them.

**I understand that by signing this agreement I am releasing claims and giving up substantial rights, including my right to sue.**

Name of Participant (please print legibly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\* If the participant is under 18 years OF AGE, a parent or LEGAL guardian must Agree To**

**and initial the above clauses and sign below. \*\*\***

NAME OF PARENT OR LEGAL GUARDIAN (please print legibly):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT OR LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_