Ole Miss Facility Rental Release Form

Group:_____ _____

THE UNIVERSITY OF MISSISSIPPI (INCLUDING ITS AGENTS AND EMPLOYEES) (THE "UNIVERSITY') IS NOT RESPONSIBLE FOR ANY PERSONAL INJURY, DEATH OR LOSS OF PROPERTY WHILE PLAYING, PRACTICING, PARTICIPATING IN OR ON RECREATIONAL SPACE AND OR ACTIVITIES.

In consideration of my participation, I release and covenant to no-to-sue the University of Mississippi Board of Trustees for State Institutions of Higher Learning (including its agents and employees) (the "Board") from and for any and all present and future claims of any type, arising as a result of my playing, practicing, participating in, on recreational space or observing recreational sports activities. I voluntarily waive any and all claims, both present and future, that may be made by me, my family, estate, heirs, or assigns against the University and/or Board.

Further, I am aware that recreational activities involve severe cardiovascular stress and, possibly, violent physical contact. I understand that recreational activities involve certain risks, including, but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that equipment provided for my protection may be inadequate to prevent serious injury. I further understand that recreational activities involve a particularly high risk of knee, head, and neck injury. In addition, I understand that participation involves incidental activities, including, but not limited to, travel to and from the site of the activity, participation at sites that may be remote from available medical assistance and the possible reckless conduct of other participants. I am voluntarily participating in the activity with knowledge of the danger involved and agree to accept any and all inherent risks of property damage, personal injury or death.

I understand the University and the Board do not provide medical and accident insurance for me. In the event of accident or illness, as a result of which I am unable to secure necessary medical attention, I consent to the securing of necessary medical attention by the University. I understand that all expenses, charges and costs which result by accident or illness are fully my responsibility and fully discharge the University and the Board from assuming any financial obligation for me.

I further agree to indemnify and hold harmless the University and the Board for all claims arising as a result of my playing, practicing, participating in or observing recreational activities or any incidental activities. I understand that this waiver and release are intended to be as broad and inclusive as permitted by the laws of Mississippi and agree that, if any portion is held invalid, the remainder of the waiver and release will continue in full force and effect. I agree that Mississippi will be the venue for any legal proceedings related to recreational related issues. I am of legal age and am freely signing the agreement. I understand that if I am under the age of 18, I must obtain a Parent-Guardian signature. I have read this form and fully understand that, by signing this form, I am giving up legal rights and/or remedies which may be available to me for the conduct of the University and the Board.

Name-Print	Signature	Parent signature *if under age of 18*	Group Name	Date