

INDIVIDUAL Liability MEMBER
ASSUMPTION OF RISK AND RELEASE-2017

I, _____, the undersigned, as a participant in the **ECYLL Tournament** (group name), in consideration of being allowed to use Campus Recreation and Wellness facilities located at East Carolina University on **May 20th** (date) do hereby release and forever discharge East Carolina University, all of its officers, agents and employees, from and against any and all claims of damages, demands and actions or causes of actions, on account of damage to personal property, or personal injury, or death which may result from my participation. Specifically, I release East Carolina University, its officers, agents, or employees from any claim against them based on negligence, which is related to my participation in activities while in facilities located on the campus of East Carolina University.

I acknowledge as a participant of the **ECYLL Tournament** (group name) that I am the recipient of a privilege from East Carolina University. I understand that this privilege is a tangible benefit to me.

I hereby attest and verify that I have full knowledge of the risks involved in participation in the **ECYLL Tournament** (group name) at the facilities operated by Campus Recreation and Wellness and I assume those risks, and I will assume and pay my own medical expenses and emergency expenses in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. I attest that I am physically fit and sufficiently trained to participate in the **ECYLL Tournament** (group name).

I have read the foregoing Assumption of Risk and Release and freely and voluntarily agree to its terms.

In witness whereof, I have caused this Assumption of Risk and Release to be executed this ____ day of _____, 2017.

Signature of Participant
(if participant is over 18 years of age)

Printed Name of Participant

Signature of Parent or Guardian
(if participant is under 18 years of age)