AGREEMENT TO PARTICIPATE

I wish to participate in the _____. I acknowledge that I am in good health and good physical condition. I understand that there are risks inherent in any physical activity. I assume the risks and accept the consequences involved in my participation in this event. I understand that if I am injured, I am responsible for my health care costs and I agree to hold harmless The University of Findlay, its Board of Trustees, officers, agents, employees, volunteers, or students from any and all claims for injury or illness resulting from my participation in this event. I also understand that the rules and regulations that govern student conduct will be in effect during this event.

DATE	NAME (printed)	SIGNATURE

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