



UNCONDITIONAL RELEASE OF LIABILITY

I, _____ recognize the potentially hazardous nature of the activities in which I may engage and agree to exercise necessary caution and to obey the safety instructions of the staff involved. All the hazards of this activity have been weighed by me, and I accept them in consideration for being permitted to participate in the Drury Panther Futsal Tournament. I agree that neither Drury nor its agents, servants or employees assumes any custodial responsibility for me, or is liable to me.

I hereby unconditionally release and absolve Drury University and all its employees or agents involved in the tournament from liability for any accident or injury.

I hereby agree to indemnify and save harmless Drury University and its directors, officers, employees, and agents (1) from and against any claims or liabilities, asserted or recovered on my behalf, and from any third party claims or liabilities arising from injuries to me or my property, or to third persons, or the undersigned whether or not intentional or resulting in death, caused in whole, or part by me alone or in association with others; (2) from and against any claim or liability arising out of the selection or authorization for treatment of medical doctor, hospital treatment (including surgery) or on account of any financial obligations incurred by the undersigned student.

In case of an emergency, I understand that every effort will be made to secure proper treatment. I hereby give permission for such treatment. My personal health and accident insurance cover any accident or illness which I may incur during this experience. I personally guarantee payment of any cost or other liability incurred during evacuation treatment.

I have read this release prior to signing it, and I fully understand it. I know that this document binds me and all those claiming under, through, or on account of me.

Signature _____ Date _____

Signature of Parent/Guardian (if under 18) _____ Date _____

In case of any illness or injury, contact:

Name _____ Relationship _____

Phone _____

Address _____

Please check with your insurance company to assure your coverage. Bring your identification card.