Release and Assumption of Risk and Photograph Consent

Because participation in the _____ event in the ZSR Library (the "Event") may require physical activity with risk of personal injury, it is the policy of Wake Forest University ("Wake Forest") to require all participants to execute this release form (this "Agreement").

Examples of potential dangers and risks associated with the Event include abrasions or scrapes, muscle strains, sprains, broken bones, as well as possible life-threatening injuries such as spine, neck or head injuries, heart failure, and death. These examples are not intended to be all-inclusive but merely to exhibit awareness of the risks inherent in participation in the Event. By signing this form I, the undersigned, acknowledge that I fully recognize and appreciate the dangers and hazards associated with the Event, and voluntarily choose to participate and knowingly assume these risks.

In consideration of being allowed to participate in the Event, I willingly and knowingly release Wake Forest, its officers, trustees, agents and employees from any and all liabilities, claims or demands for damages for personal injury, disability, property damage or other loss, damage, or injury of any kind that I may suffer or sustain as a result of participation in the Event, unless such injury or damage is caused by the gross negligence of Wake Forest or its employees. To the extent permitted by law, I further agree to indemnify and hold harmless Wake Forest, its officers, trustees, agents and employees, from any and all loss, liability, damage or costs that it or they may incur as a result of my participation in the Event or arising from or out of any of my acts or omissions related to the Event.

Volunteers and Wake Forest representatives assisting in the Event are authorized, but are not obligated, to take any actions they consider to be warranted under the circumstances regarding my health and safety while I am participating in the Event. I agree to pay all expenses related thereto and release Wake Forest and its officers, trustees, employees and agents from any liability for such actions taken for my health and safety and for payment for any such treatment.

I acknowledge that this Agreement will be binding on me, as well as members of my family, my spouse, heirs, assigns and personal representatives. This Agreement will be construed under the laws of the State of North Carolina, which will be the forum for any lawsuits filed under or incident to this Agreement.

In addition to the above authorization and release, I also hereby authorize any photographer or media representative to photograph me during participation in the Event. I understand that any photographs taken may appear in local news media and/or publication, advertisement, social media or other media. I understand I have no right to inspect or approve the publications, materials, advertising, etc., or to determine how the photograph(s) will be used, and I further understand that any use described herein may be made without compensation or additional consideration.

The next page is the signature page.

I have carefully read the foregoing release and fully understand its contents. <u>I hereby affirm that I am at least 18 years of age and am fully competent to contract.</u>

_____   _____
Signature   Date

_____
Printed Name

<u>If participant is less than 18 years of age:</u>

I (a) am the parent or legal guardian of the participant named below; (b) have read and understand the foregoing release form; (c) am and will be legally responsible for the obligations and acts of the participant as described in this release form; and (d) agree, for myself and for the participant, to be bound by its terms.

_____   _____
Printed Name of Minor Participant   Date

_____
Signature of Parent/Guardian

_____
Printed Name of Parent/Guardian

<u>(Parents/Guardians MUST remain in the ZSR Library with their minor participant for the entire Event.)</u>

Cell Phone Number where Parent/Guardian can be reached during the Event: _____