

SEATTLE PACIFIC UNIVERSITY (“SPU”)  
Assumption of Risk and Release of Liability Form  
**SPU Falcon Night**

***Instructions***

1. Initial paragraphs to indicate having read and understood each section.
2. Sign below to indicate agreement with the terms and conditions listed.
3. If the participant named below is a minor (age 17 or less), a **parent or guardian must initial each section and sign** below on behalf of the minor.

WHEREAS, I, \_\_\_\_\_ (*print participant name*), voluntarily plan to participate in SPU Falcon Night (the “EVENT”) at Seattle Pacific University’s main campus in Seattle, WA, during the dates of \_\_\_\_\_, I hereby acknowledge and agree as follows:

**Assumption of Risk**

\_\_\_\_\_ I voluntarily elect to participate in the EVENT, and I assume the risks inherent in all activities of the EVENT, including, but not limited to risks of personal injury, property damage and loss of life. I acknowledge that these risks may arise from rigorous or strenuous activity, travel/transportation to and from the EVENT site, exposure to elements and forces of nature, or other aspects of the EVENT (including accommodations). I assume responsibility for my own actions and well-being and acknowledge that SPU cannot control my actions or the actions of other participants.

\_\_\_\_\_ In case of medical emergency and if SPU is unable to clearly communicate with me or my emergency contacts, I hereby authorize representatives of SPU to make arrangements for my welfare, including emergency medical transportation, and for whatever emergency medical care may be deemed necessary during my participation in the EVENT.

\_\_\_\_\_ I certify that I have adequate insurance or other financial resources to cover any injury or damage I may cause or suffer while participating in the EVENT. I acknowledge that I am responsible for determining whether any medical conditions I have should prevent me from participating in any activities of the EVENT.

\_\_\_\_\_ I understand that SPU is not responsible for (a) any items of personal property that are lost, stolen, or damaged during the EVENT, (b) the operation or coordination of non-SPU transportation to and from the EVENT, or (c) the safety or well-being of participants who ignore or disobey SPU staff instructions or who engage in activities beyond the parameters of the EVENT.

\_\_\_\_\_ With awareness of the risks involved in the EVENT, I willingly and voluntarily participate in the EVENT and assume all risks that arise from participating.

**Release of Liability**

\_\_\_\_\_ In consideration for participation, I release, forever discharge, and agree not to sue Seattle Pacific University, its board of trustees, administrators, employees, or other participants. I hereby waive all claims arising out of or in any connection with my participating in the activities at the EVENT, except claims resulting from the University’s sole negligence. I agree that this assumption of risk and release shall bind my heirs and my estate.

I have carefully read this form and fully understand its contents. I demonstrate agreement with the terms and conditions contained in this document by signing below of my own free will.

***\*If participant is a minor, a Parent or legal Guardian must sign on behalf of the participant below.***

***Check box if signed by Parent or legal Guardian.***

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Print Name	Signature	Date
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Return to Admissions by fax, (206) 281-2544, or email [admissions@spu.edu](mailto:admissions@spu.edu).