

**Syracuse University - Recreation Services  
Outdoor Education Program - Fall Semester 2018**

**ASSUMPTION OF RISK, WAIVER AND RELEASE**

**Event: Whitewater Rafting with Adirondack River Outfitters  
Event Dates: September 2, 8, 9, 15, 22, 23**

**I, a participant in the above-referenced event (the “Event”), recognize that participation in the Event involves a risk of bodily injury, including death,** and/or damage to property, and that these risks can come from causes which are many and varied, may not even be presently foreseeable, and may include negligent acts or omissions of others. I further understand and acknowledge that participation is entirely optional, voluntary, and at the risk of participants. Therefore, as an inducement to Syracuse University to permit the conduct of the Event and in consideration of participation in the Event, I agree to the following:

1. I assume and accept, and waive all claims and liability for, all risk of bodily injury, including death, and damage to property which may arise out of my participation in the Event. I further release and agree not to sue the University and its trustees, officers, employees, agents, contractors, and representatives for any bodily injury, including death, and damage to property which I may suffer as a result of my participation in the Event, including but not limited to claims arising out of the negligent acts or omissions of others.
2. I understand that I am releasing the University from any and all liability arising out of my participation in the Event. This Assumption of Risk, Waiver and Release is intended to be as broad and inclusive as is permitted by the laws of the State of New York, and if any portions of it is held invalid, the remaining terms shall continue in full force and effect.
3. Health and accident insurance coverage is not required for my participation in the Event. However, if I desire to obtain such insurance coverage I understand that this is my responsibility and that the University will not provide coverage for me. I will not look to the University to pay for or otherwise cover any expenses for which I may become obligated arising out of my participation in the Event.

I have had the opportunity to read the above and ask questions, and by signing below I understand and agree to the contents of this Consent, Waiver and Release.

Participant Print Name \_\_\_\_\_ SUID# \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Parent / Guardian Signature Required if under 18 years of age**

Parent / Guardian Printed Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_