

ASSUMPTION OF RISK AND LIMITED RELEASE AGREEMENT SPRING/FALL

Please read and sign.

In consideration of being permitted by the Alumni Association/Brigham Young University to participate, and as an inducement to permit me to participate in the programs and activities of Aspen Grove Family Camp and Conference Center, I, the undersigned, recognizing the hazards and dangers inherent in said activity(s) and/or transportation to and from said activity(s), and already knowing or having been advised of said dangers and fully acknowledging the risk of injury or death inherent therein, whether by my own actions, the actions of others, or events beyond my control, do hereby agree to assume, and do knowingly and voluntarily assume, full responsibility for all the risks surrounding my participation in said activity(s) and any other activity(s) undertaken; and, furthermore, for myself, my heirs, and personal representative(s), I hereby fully release the Alumni Association and Brigham Young University and all its officers, employees, and agents, without any limitation or qualification, as to any and all liabilities, claims, demands, and actions that might be made by me on account of any losses, expenses, or damages of any kind concerning property or personal injuries (physical or emotional) or death that may result, directly or indirectly, from participation in the aforesaid activity(s), unless any such damage or injury is primarily the direct result of a negligent act or omission by Brigham Young University or any of its officers, employees, or lawful agents and not caused in part by my own or my family's negligence.

Circle how related to participant: Parent | Guardian

PRINT NAME & DATE OF BIRTH OF PARTICIPANT: \_\_\_\_\_ D/O/B \_\_\_\_\_

SIGNATURE OF PARTICIPANT: \_\_\_\_\_ Date: \_\_\_\_\_

PRINT NAME OF PARENT/GUARDIAN: (if participant is younger than 18):

\_\_\_\_\_

SIGNATURE OF PARENT/ GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_

PHONE NUMBER OF PARTICIPANT (or Parent/Guardian if participant is younger than 18):

\_\_\_\_\_

MAILING ADDRESS OF PARTICIPANT (or Parent/Guardian if participant is younger than 18):

\_\_\_\_\_

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