

XAVIER UNIVERSITY
Assumption of Risk and Release, Agreement, and
Emergency Medical Care Authorization for
McGrath Health & Wellness Center's Wellness Program
At Xavier University on _____ [date(s) of experience]

I, _____ [name] wish to participate in McGrath Health & Wellness Center's Wellness Program at Xavier University on _____ [date(s)] (the "Experience"). I understand that unexpected conditions may require changes in the planned Experience or might cause inconvenience or harm to me. I also understand and agree that Xavier University does not assume responsibility or liability for and has not made, does not make, and cannot make any representations whatsoever regarding my personal health and safety or that of my property while participating in this Experience.

I realize that there may be inherent risks to my health or wellbeing as a result of my participation in this Experience, which Xavier University can neither anticipate nor ameliorate. Such risks include but are not limited to any risk inherent in this type of Experience, inexperience or unfamiliarity with this type of Experience or its requirements, unfamiliarity with the Xavier University Campus, travel around the Xavier University Campus, unfamiliarity with work environment conditions or requirements, violence, inadequate, faulty, inappropriate or lack of training or instruction, inadequate, faulty, inappropriate or lack of equipment, accident, or mistake. I recognize that these risks may result in inconvenience, loss, injury, or damage to me, including personal injury, up to and including my death, or damage or loss of my personal property.

I certify that I am physically and emotionally capable of full participation in this Experience, however, I recognize that occasionally an individual participating in this type of event may face a health emergency requiring local hospitalization or emergency treatment. I authorize Xavier University, through its representatives, to secure emergency medical care, hospitalization, surgical treatment or dental treatment for me during, or as a result of, my participation in this Experience. However, I understand Xavier is under no duty to secure such care or assist me in any other way in the event of such a health emergency. I understand that Xavier is in no way responsible for any costs or other damages arising from my participation in this Experience, or resulting from any assistance provided or not provided under this paragraph. I have provided emergency contact information below, which Xavier may use at its discretion.

I promise to abide by all rules and requirements of my participation in this Experience, including the Student Handbook and all other University policies and procedures. I promise to exercise common sense and good judgment, and to conduct myself at all times in a manner that is appropriate to this type of experience. I recognize that by breaking any of these promises, or for any other reason deemed appropriate by Xavier University or its representatives, my participation in this Experience may be immediately terminated.

In consideration of Xavier University's financial or other support of this Experience, and because I am voluntarily participating in this Experience, I acknowledge and agree that I assume all risks associated with participating in this Experience and agree to the terms set out in this Assumption of Risk and Release, Agreement, and Emergency Medical Care Authorization (the

This is the only form approved by Xavier University for this purpose.
It may not be modified or changed in any way.

