

LIBERTY UNIVERSITY - SCHOOL OF AERONAUTICS

_____ CAMP - ASSUMPTION OF RISK AGREEMENT

I desire to participate in Liberty University's School of Aeronautics' _____ Camp, ("Camp"). In order to participate in the Camp, I agree to the terms below and assume all risks associated with my participating in the Camp, including those specifically identified below.

Risks: THIS CAMP ACTIVITIES HAVE INHERENT RISKS WHICH MAY AFFECT ME, INCLUDING, BUT NOT LIMITED TO, PROPERTY DAMAGE OR LOSS, TEMPORARY OR PERMANENT BODILY INJURY, SICKNESS, AND EVEN DEATH.

Camp Activities include, but may not be limited to: assembling and launching of model rocketry, flying remote-controlled airplanes, travelling via bus, and riding in a single-engine airplane, kickball, and softball. Specific risks that may be involved in the Camp include, but are not limited to: model rocket misfires, equipment failure, fast-moving objects (things like rockets, remote-controlled airplanes, and balls), collision with other participants or the playing surface and surrounding elements, environmental conditions (including weather), bird strikes, unforeseeable turbulence, tripping, falling, and my individual susceptibility to harm or injury (whether known or unknown to me). The results of these and other inherent risks may include, but are not limited to, eye injury, serious neck and spinal injuries, complete or partial paralysis and/or brain damage, serious injury to internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of my musculoskeletal system, concussions, sprains, and other serious injury or impairment to other aspects of my body, and my general health and well-being.

Governing Law; Forum Selection; Severability: This agreement will be governed by Virginia law. Any legal action or claim arising out of or relating to this agreement or my participation in the Camp must be brought in a state court sitting in Lynchburg, VA. If any provision of this agreement is found to be invalid, the rest of the agreement will remain in full force and effect.

Medical Fitness and Treatment Authorization: I agree that I am in sufficiently good health to participate in this Camp and that I am free from any medical condition, physical or mental, that could interfere with my ability to participate in Camp activities or that could be worsened by participating in those activities or that could endanger my health or safety or the health or safety of other participants. In the event of an injury, illness, and/or accident involving me, I hereby consent to first aid treatment from Liberty University staff and to any medical treatment that medical professionals believe are in my best interest. I further grant Liberty University and/or its representative authority to transport me to a healthcare provide and to request medical and/or hospital treatment for my benefit in the event of any injury or illness sustained by me while participating in this Camp. I assert that either I have valid and current insurance coverage for any injury or damage I may cause or suffer while participating in the Camp, or I agree to personally bear the costs of such injury or damage, including any co-pays from secondary insurance, if available.

Consent to Use Image and Sound: I hereby grant Liberty University permission to record, use, reproduce, edit, exhibit, project, display, copyright, and publish photographic images, audio recordings, and/or video of me while I am participating in the Camp for the purpose of promoting the Camp and Liberty University School of Aeronautics.

PARTICIPANT CONSENT (required of all participants, regardless of age)

BY SIGNING BELOW, I AGREE I HAVE CAREFULLY READ AND UNDERSTAND THIS AGREEMENT, I AGREE TO ALL OF THE TERMS ABOVE, AND HEREBY ASSUME THE RISKS ASSOCIATED WITH ACTIVITIES AT THE CAMP.

Signature of Participant: _____ Date: _____

Name of Participant: _____ Age: _____ Date of Birth: _____

PARENT/GUARDIAN CONSENT (required if the participant is less than 18 years of age)

As the parent and/or legal guardian to the minor participant identified above, I agree I have carefully read and understand this agreement, I agree to all of the terms above and adopt all representations, consents, and acknowledgements made by my child above, both personally and on behalf of the minor participant, and hereby assume the risk that the minor participant may be injured while participating in activities at the Camp.

Signature of Parent/Legal Guardian: _____ Date: _____

Name of Parent/Legal Guardian (Print): _____