



## Submission Instructions

1. Save this document to your computer and name the file with your student's name in format (ex: Smith, John).
2. Ensure all fields are completed on this form.
3. Email the completed and signed form to CFAW@liberty.edu with the subject line "CFAW Participation Form".

## Participation Form

In order for you to participate in Liberty University's College For A Weekend (CFAW), this form must be completed with your signature or the signature of your parent/guardian, if you are under 18 years of age. Review the following sections before signing, and follow the directions on how to submit this form.

### Medical Authorization

In the event of an injury, illness, and/or accident involving me, I authorize Liberty University and/or its employees to seek medical attention or care on my behalf or to transport or cause me to be transported to a medical facility or hospital. I agree that Liberty University has no obligation to seek or provide such medical care to me. I agree that I have valid and current insurance to cover any injury or damage I may cause or suffer while participating in CFAW or I (or my parent/legal guardian) agree(s) to personally bear the costs of such injury or damage. In the event Liberty University seeks transportation and/or medical care on my behalf, I (or my parent/legal guardian) agree(s) to pay all charges related to such transportation and/or medical care. I (or my parent/legal guardian) further agree(s) to indemnify and hold harmless Liberty University from all such charges.

### Photo Release

I hereby grant Liberty University permission to use any photograph, video, image, or likeness of me (or my minor child) captured during CFAW in any format for marketing and other related purposes without any compensation required or expected of Liberty University.

### Assumption of Risk for Possible Injuries

My participation in physical activities during Liberty University's CFAW can be dangerous and may result in injury, sickness/disease, and even death. Some activities may have certain inherent risks and dangers which cannot be avoided and may affect me, including, but not limited to, serious neck and spinal injuries, complete or partial paralysis, brain damage, serious injuries to internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of my musculoskeletal system, loss of bodily senses (e.g., sight, hearing, etc.), concussions, sprains, breaks, lacerations, animal and insect bites and stings, allergies, and other serious injury or impairment to other aspects of my body, and even death. I agree that I am voluntarily participating in the physical activities at CFAW that I choose with full knowledge, understanding, and appreciation of the risks involved, and hereby agree to assume any and all risks associated with such activities during CFAW. I agree that I may choose to not participate in activities that make me feel uncomfortable. *Having read the above statements regarding the risks and dangers that may be involved, I agree that I voluntarily and willfully choose to take part and assume the risks attendant to my participation in physical activities at CFAW.*

### Risks Associated with Travel

CFAW may involve travel for certain participants who are provided transportation by Liberty University. Traveling has inherent risks. Specific risks involved with traveling include: getting lost or separated from the group or supervisors, contraction of communicable diseases, accidents, collision with other vehicles, whiplash, fires, explosions, defects in the vehicle or its equipment, blown out tires, derailments, overturning, breakdowns, running out of fuel, delays and being stranded, hazardous weather conditions, natural disasters, political unrest, kidnapping, criminal activity, terrorist activity, and conditions of locations not under the control of Liberty University. By using transportation provided by Liberty University, I acknowledge that I do so at my own risk and at my own discretion, and I assume all of these risks.

### Behavior

I agree to read and abide by all policies/rules and posted signs on Liberty's campus, as well as instructions from Liberty employees. I agree that my failure to do so may result in my immediate dismissal from CFAW and Liberty's campus. If I am unsure of whether behavior is prohibited, I agree to ask an employee before acting.

Name of Participant (Printed) \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_