

**TOWSON UNIVERSITY OFFICE OF STUDENT ACTIVITIES
AGREEMENT, WAIVER, HOLD HARMLESS AND COVENANT NOT TO SUE**

Notice: This Agreement is a contract with legal consequences. Read it carefully before signing!

This release is executed by _____ whose address is _____
(Full legal name of participant)

_____ to participate in _____
(Full address)

_____ on the following date(s) _____.
(Event title/description) (Beginning and end dates)

In consideration of my participation in the above event, inclusive, I hereby freely agree to make the following contractual representatives and agreements:

I understand that Towson University has no duty to provide any extraordinary duties or safety measures in relation to this activity and that I must use reason and judgment in my undertakings hereunder. I consent to Towson University providing emergency health assistance if it is determined necessary in its discretion, and consent to Towson University contacting my emergency contact for notification.

I fully realize the dangers of participating in the above named event and voluntarily assume all the risks associated with such participation. I understand the risks of this event include, by way of example, and not limitation, the following: Accidents may happen while traveling in vehicles to event locations including provided transportation, car pools, bicycles, and walking. Mishaps such as falls and collisions could result in injuries including cuts, sprains, back injury, dislocated joints, concussion, broken bones, welts, psychological trauma, hospitalization and/or death.

I agree that it is my sole responsibility to be familiar with the physical and/or mental demands associated with the above named event. With these demands in mind, I have no physical or mental condition which, to my knowledge, would endanger myself or others if I participate in this event, or would interfere with my ability to participate in the event. I also agree to abide by any established rules or regulations while engaged in this activity.

I understand and expressly assume all the risks and dangers of the activities contemplated by the Agreement, and I hereby release, waive, discharge, and covenant not to sue Towson University, the University System of Maryland, the State of Maryland, and their officers, agents, servants, and employees (collectively, the "Releasees") from all liability, claims, demands, actions, or causes of action whatsoever arising out of any damages, loss, or injury to me or to my property while participating in any of the activities contemplated by this agreement, whether such damage, loss, or injury results from the negligence of the Releasees or from any other cause. I also hereby release, waive, discharge and covenant not to sue the Releasees or from any claims whatsoever on account of any first aid, treatment, or service rendered to me during my participation in the above activity. I hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs, including court costs and attorneys' fees, that they may incur due to my participation in said activities, whether caused by the negligence of Releasees or otherwise.

I agree, for myself and my successors, that the above representations and agreements are contractually binding, and are not mere recitals. I agree that my failure or refusal to sign such agreements or releases shall in no way affect the validity of this Agreement, nor revoke or cancel any of the terms of this Agreement. I or any of my successors shall be liable for the expenses (including legal fees) incurred by the party or parties in defending against such claim or suit. This Agreement shall not be modified orally.

I hereby certify that I have Health Insurance. My insurance company is: _____.

I have carefully read this form and fully understand its contents. All information I have provided is true. I am aware that this is a release of liability, a waiver of claims, an agreement not to sue, and indemnity, and a contract between myself and Towson University and for the benefit of others described herein, I sign it of my own free will.

PARENT OR GUARDIAN OF A MINOR: I, as parent or guardian of the above named minor, hereby give my permission for my child or ward to participate in the above named activity, and further agree, individually and on behalf of my child or ward, to the terms of the above.

Participant's signature: _____ Date: _____

Parent or guardian's signature if participant is under 18: _____ Date: _____

Signature of witness: _____ Date: _____

**TOWSON UNIVERSITY OFFICE OF STUDENT ACTIVITIES
CODE OF CONDUCT**

Due to all or part of the funding for _____ event being supplied by Towson University, all participants are held accountable for the Student Code of Conduct for the duration of the event, specifically _____ to _____.

I agree to uphold and follow all regulations and rules stated in the Towson University Code of Student Conduct. I understand while participating in this event, all Towson University policies are in effect, and I understand if violated, I am subject to disciplinary action such as censure, probation, social probation, suspension, expulsion, restitution, fines, or other sanctions deemed appropriate. Examples of misconduct that are subject to disciplinary action include, but are not limited to:

- Possession of false identification (e.g., a false driver's license)
- Lewd, obscene or indecent behavior
- Physical abuse of any person
- Threats of violence or placing a person in fear of imminent physical injury or danger
- Any endangering conduct that imperils or jeopardizes the health or safety of any person or persons, including oneself
- Intentionally or recklessly damaging, destroying, defacing or tampering with university, public or personal property of another
- Violation of published institutional regulations and policies
- Violation of state, federal and local laws

I will carry myself with integrity at all time while I am representing Towson University. I will also do my best to encourage others to follow this code and report any violations I find.

Signature _____ Date _____

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact

NAME:

DAY NUMBER:

EVENING NUMBER:

Secondary Emergency Contact

NAME:

DAY NUMBER:

EVENING NUMBER: