

MISSISSIPPI STATE UNIVERSITY

Student Participant Information Sheet

Full Name _____ Net ID _____

Classification Fr So Jr Sr Gr

Local Address _____

Cell phone number _____ Date of Birth _____

HEALTH INFORMATION

Food Allergies/Medical Conditions

Healthcare Insurance Provider _____ Policy # _____

IN CASE OF EMERGENCY

1. Name: _____ Phone: _____ home / cell / work

Relationship to you _____ Hometown _____

2. Name: _____ Phone: _____ home / cell / work

Relationship to you _____ Hometown _____

MISSISSIPPI STATE UNIVERSITY

Activity and Participation Agreement

This is a Release of Legal Rights – Read and Understand BEFORE Signing.

I, (Student's Name) _____, will be participating

in the _____ (hereinafter "Activity"), which will be held at _____. I hereby agree as follows:

In consideration for participating in the Activity and other valuable consideration, I hereby **COVENANT NOT TO SUE**, and further **RELEASE, WAIVE**, and **DISCHARGE** Mississippi State University, the Board of Trustees for the State of Mississippi, the State of Mississippi, their officers, servants, agents, and employees (hereinafter "**RELEASEES**") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, **WHETHER CAUSED BY THE NEGLIGENCE OF OR A BREACH OF ANY EXPRESS OR IMPLIED CONTRACT BY THE RELEASEES**, or otherwise, while participating in such Activity, or while in, on or upon the premises where the Activity is being conducted or while in transit during and to and from said Activity.

I further acknowledge that the Releasees, as public entities, do not carry liability insurance for this Activity and that in order to provide this Activity, and others like it, as part of the Releasees' educational program, it is essential that the Releasees not be subject to liability or such Activities sponsored by the Releasees may not be feasible in future public educational programs offered by the Releasees.

I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS** the Releasees from any loss, liability, damages, or costs, including, but not limited to, court costs and attorney's fees, that may result from my participation in said Activity.

To the best of my knowledge, I can fully participate in this Activity. I am fully aware of the risks and hazards connected with the Activity, and I hereby elect to voluntarily participate in said Activity, and to engage in such Activity knowing that the Activity may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such Activity.

It is my express intent that this agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative if I am not alive, and this Agreement shall be deemed as a **RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE** the above Releasees. I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Mississippi.

I understand that the Releasees are not responsible for any medical costs associated with any injury or illness I may sustain resulting from my participation in this Activity. I further acknowledge that the University may (but is not obligated to) take any action it considers to be warranted under the circumstances regarding my health and safety. I hereby authorize the University or a university official to procure all necessary medical assistance while I participate in this Program and to authorize any competent medical person to do all things reasonably necessary to treat any injury or illness which occurs during my participation in the Program. I agree to pay all expenses relating thereto and release the University from any liability or any actions.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ the foregoing agreement, that I **UNDERSTAND IT**, that i am **AT LEAST EIGHTEEN (18) YEARS OLD**, that I sign it **VOLUNTARILY** as my own free act and deed, and that no oral or written representations or statements of inducements, apart from the foregoing written agreement, have been made. I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

Signature of Participant

Date

Signature of Parent

Date