RELEASE, HOLD HARMLESS, AND INDEMNITY AGREEMENT
FOR PARTICIPANTS IN VOLUNTARY RECREATIONAL AND FITNESS ACTIVITIES

Individual participants at NACADA: The Global Community for Academic Advising (NACADA) events should be aware of the risks and hazards involved in recreational and fitness activities. They should voluntarily elect to participate in such activities recognizing present conditions and further agree to voluntarily assume all risks of loss, damage, or injury that may be sustained while participating. NACADA and the volunteer leader(s) of such activities assume no responsibility for costs involved with individual injury or loss incurred in connection with participation in such activities. Individuals are reminded that they should review their own personal circumstances to determine whether they have adequate insurance or protection in case of injury or loss resulting from participation in recreational or fitness activities. NACADA and volunteer recreational or fitness activity leaders do not collect or review health information regarding participants. NACADA does, however, require participants to submit a signed Release, Hold Harmless, and Indemnity Agreement:

In consideration of being allowed to participate in the
_____________________________________________________________
(recreational/fitness activity)
at_________________________________________________________
(conference or event)
at_________________________________________________________
(location),
on_________________________________________________________
(date), I, for myself, my heirs, executors, administrators, personal representatives and assigns, hereby release, hold harmless and indemnify NACADA: The Global Community for Academic Advising, Kansas State University, the State of Kansas, the Kansas Board of Regents, and their employees, agents, officers, and volunteer leaders from all injuries, claims, demands, grievances, and causes of action of every kind whatsoever, including negligence, arising from or related to my participation in the activity. I have reviewed and understand this release and fully understand and assume the risks associated with participation in the activity. I further understand that no medical or other insurance is being provided.

____________________________________  __________________________
Date                                      Signature of Participant

____________________________________
Print Name in Full