

EAST CAROLINA UNIVERSITY
Diving & Water Safety
Boating Activities under the auspices of ECU

UNCONDITIONAL AND FULL GENERAL RELEASE AND COVENANT NOT TO SUE

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (H) _____

This is to be read and signed by all participants in East Carolina University's Diving & Water Safety Boating Activities (the "Activities"). PLEASE READ THIS CAREFULLY. IT AFFECTS CERTAIN RIGHTS YOU MAY HAVE IF YOU ARE INJURED OR OTHERWISE SUFFER DAMAGES PARTICIPATING IN THE ACTIVITIES.

In return for East Carolina University allowing me to participate in the Activities and other good and valuable consideration, I agree, and state, on behalf of myself, my heirs, assigns, executors and others, as follows:

1. I am eighteen (18) years of age or older and am competent to read and sign this "Unconditional and Full General Release and Covenant Not To Sue."
2. That I understand that I am participating in the Activities freely and voluntarily and the Activities are not required by East Carolina University.
3. That I am familiar with and will obey, any and all of the rules established for the Activities. I will also obey the ECU Student Code of Conduct, if applicable.
4. That I understand and appreciate the inherent risks and dangers of participating in the Activities (e.g., traveling, death, drowning, near drowning, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my body, general health and well-being, etc.) which could result in property damage and/or personal injury, including death; and I agree to accept all risks whether present or future, known or unknown, arising from or as a result of my participation in these Activities.
5. That I WILL HOLD HARMLESS AND INDEMNIFY EAST CAROLINA UNIVERSITY and its officials, administrators, employees and all sponsors and individuals assisting in the Activities for any liability and all claims of damages, demands, and actions whatsoever in any manner resulting from my participation in these Activities.
6. I agree to assume all risks and costs related with these Activities.
7. That I understand I must be healthy and reasonably fit in order to safely participate in the Activities.
8. That in the event that I am rendered unable to communicate due to illness, accident, or emergency while participating in the Activities, I hereby give permission to a Physician selected by the Activities personnel to hospitalize, secure proper treatment for, and to take whatever medical actions are necessary to treat me.
9. That I have read and understand this "Unconditional and Full General Release and Covenant Not To Sue."

Participant Signature

Date

Full Name (Printed)