For the purposes of this document, hereinafter referred to as **“Release,”** the party intending to participate in the University activity shall hereafter be referred to as “**I**,” “**me**,” or “**my**.” The University of North Carolina at Chapel Hill and its trustees, officers, employees and agents shall hereafter be referred to as **“University.”** The participant’s successors, assignees, heirs, guardians and legal representatives shall be referred to as **“my representatives.”** The University sponsored or affiliated activity that the participant will participate in shall hereafter be referred to as the **“Activity.”**

**Description of Activity:**

**Release and Hold Harmless Agreement**

I understand that I am not required to participate in the Activity. Participation in the Activity is wholly voluntary. As part of the consideration for my participating in the Activity, I hereby release, hold harmless, and forever discharge the University, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or to any property belonging to me while I am participating in this Activity, even if the University was negligent.

I am fully aware of the risks associated with this Activity, including the hazards of driving on the highway, [insert other hazards as applicable]. I acknowledge that my participation in this Activity is elected by me and not required. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury, including death, and for any property damage that may be sustained by me as a result of participation in this Activity, even if the University was negligent. I understand when I am away from the University group I am responsible for my own safety and my own decision-making. The University is not responsible for any additional activities I may choose to engage in on my own time.

**Consent for Medical Treatment**

In the event of illness or injury, I hereby authorize employees or agents of the University to obtain emergency medical treatment for me as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the University to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable. I also grant permission for emergency CPR to be administered to me by a certified person should it become necessary. I understand that I am responsible for bringing, even for a short trip, any medical supplies that I may need, including medication and special foods. I will take appropriate precautions or medications to treat or reduce the likelihood of exacerbating any pre-existing health conditions or allergies. I hereby release and forever discharge the University from any claim whatsoever that arises or may hereafter arise on account of any first aid, medical treatment, or service rendered, even if the University was negligent.

**Photograph Consent**

I hereby grant the University the irrevocable right and permission to photograph or videotape my participation in this Activity and grant the University permission to reproduce my name, likeness, identity, voice, photographic image, video image, and oral or recorded statements in any and all publications, Internet websites, promotional literature, or for any other similar purpose without compensation to me. I understand and agree that I may be identified by name in reproduced materials. I agree that all such portraits, pictures, photographs, video, and audio recordings and any reproductions thereof, shall remain the property of the University. I waive the right to approve the final product. I hereby release and forever discharge the University, its trustees, agents, and employees, from any and all claims and demands arising out of or in connection with the use of said photographs/images, including but not limited to, any claims for invasion of privacy, appropriation of likeness, or defamation.

**Other**

This Release shall be binding and enforceable against me and my representatives. This Release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. In the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

A copy of this document shall have the same force and effect as the original.

I have read and I understand this document, including the release and hold harmless portions of it. I understand and agree that it is binding on me, my heirs, my assigns, and my personal representatives. I acknowledge that I am at least 18 years of age or, if I am not at least 18 years old, my parent or guardian has also signed below, and all references in this Release and Hold Harmless Agreement to “me,” “my,” and “I” refer both to me and to my parent or guardian.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant Signature of Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent or Guardian Signature of Parent or Guardian Date

(if participant is under 18) (if participant is under 18)