



**Texas A&M University-Commerce
 Department of Campus Recreation
 Morris Recreation Center, PO Box 3011, Commerce, TX 75429, 903.468.3170**

ASSUMPTION OF RISK AGREEMENT

I, _____, agree to act in a responsible and safe manner while participating in the Department of Campus Recreation's Canoeing In Cooper Lake (activity) on June 17th, 2008 (dates) and while traveling to and from the activity sites.

I understand that I will be exposed to risks and hazards inherent to the aforementioned activity and that there are dangers involved that cannot be fully foreseen or controlled by the Department of Campus Recreation. I acknowledge that no one can warn me of all of the dangers associated with the aforementioned activity and that the responsibility is upon myself to investigate any activity, hazard, or thing which may be dangerous or that I do not understand. By signing below, I agree to follow all instructions and guidelines at all times for everyone's safety, and willingly assume the risks and responsibilities that are involved in order to participate in this activity.

I assume the risks of personal injury, vehicle accidents traveling to and from the activity sites, accidents and/or illness, including but not limited to sprains, strains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions and/or contusions; dehydration; drowning; exposure or weather-related conditions; heat and cold injuries; head, neck and/or spinal injuries; bite or attack by animal, insect or marine life; allergic reaction; shock, myocardial infarctions, paralysis or death; and serious injury or impairment to other aspects of my body and general health and well being.

I give permission for the activity leaders to seek emergency medical, rescue or evacuation services for me should I become injured or ill with the understanding that ***I am responsible for any expenses incurred.*** I fully understand that Texas A&M University-Commerce or the Department of Campus Recreation do **NOT** provide any medical insurance coverage for me while participating in this activity. I also realize that I may be attended to by the activity leaders until medical care is available.

I acknowledge that photographs and video tapes may be taken during the activity and allow reproductions of these photographic materials to be used in promotional activities initiated by the Department of Campus Recreation and Texas A&M University-Commerce.

I agree to assume all risks and responsibility for any and all claims for damages, including personal injury and death, medical expenses, disability, lost wages, loss of earning capacity, and property damages and loss incurred while participating in this activity including transportation to and from the activity. I agree to indemnify and hold harmless the Department of Campus Recreation, Texas A&M University-Commerce, the Texas A&M University System or any of its agents and employees (hereinafter referred to as Organizers) from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in the activity, ***whether caused by the negligence of the Organizers or otherwise.*** I understand that this agreement is binding on my family, heirs and executors.

I have read the above ASSUMPTION OF RISK AGREEMENT and fully understand its purpose. I acknowledge that I am attending and participating in the aforementioned activity on a strictly voluntary basis. I willingly sign below and represent that I am 18 years of age or older and otherwise competent to execute this document, or that my legal guardian is also signing this document.

Name (print) _____ Date _____
 Name (signature) _____
 Address _____ City _____ State ____ Zip _____
 Home Phone _____ Cell Phone _____

If under 18 years of age:

Legal Guardian Name (print) _____ Date _____ Relationship _____
 Legal Guardian Name (signature) _____
 Address _____ City _____ State ____ Zip _____
 Home Phone _____ Cell Phone _____