

**LIABILITY WAIVER FOR PARTICIPATION
IN
ARKANSAS STATE UNIVERSITY-NEWPORT EVENTS**

As a participant in _____
(EVENT NAME)

on _____, at Arkansas State University-Newport, I
(EVENT DATE)

recognize and acknowledge that certain risks of personal injury may exist.

I agree to assume the full risk of any such injuries, damages, or losses that I may sustain as a result of my participation in this event.

I do hereby fully release and discharge Arkansas State University-Newport, its officers, agents, and employees from any and all claims from injuries, damages, or loss that I may suffer on account of my participation in said event.

I farther agree to indemnify and hold harmless Arkansas State University-Newport, its officers, agents, and employees from all claims, suits, actions, injuries, damages, and losses sustained by me and arising out of connected with, or in any way associated with my participation in said event.

I HAVE FULLY READ AND UNDERSTAND THE FOREGOING.

Name (Print) _____

Signature _____

Date ____/____/____