Consent and Release Form

State of North Carolina  County of Alamance

I, ________________, do hereby consent to voluntarily participate in activities occurring in the summer of 2015; Adventures In Leadership, in accordance with all rules and regulations, a copy of which is attached hereto and made a part hereof.

I do hereby agree to release and forever discharge Elon University, its officers, agents and employees from any and all suits, claims, demands, liabilities, costs, and expenses, including reasonable counsel fees, which result from or may arise out of my participation in the aforesaid activity.

During my participation in this activity, I hereby grant the University, its employees and agents full authority to take whatever actions they may consider to be warranted under the circumstances regarding the protection of my health and safety, and I hereby release each of them from any liability for any such decisions or actions as may be taken by them in connection therewith. The authority granted in the preceding sentence shall include the right to place me, at my own expense, and without any further consent in a hospital for medical services and treatment, or if no hospital is readily accessible, to place me in the hands of local medical doctor for treatment.

I have read and understand all rules and regulations and hereby agree to comply with all rules, standards, and instructions in relation to this activity, which are promulgated by the University. I agree that the University, its employees, and agents shall have the right to enforce appropriate standards of conduct, and that the University may, at any time, terminate my participation in this activity in event of any failure to abide by such rules and regulations.

I hereby acknowledge that the University reserves the right to make cancellations, substitutions, or changes in this activity.

_______________________________________  ______________________
Participant (print name)  Date

_______________________________________
Participant Signature

_______________________________________  ______________________
Signature of Parent of acting Legal Guardian (if minor)  Date