

Aurora University PowderPuff Football
Assumption of Risk, Release and Indemnification Agreement

I, _____, desire to participate in Aurora University's PowderPuff Football activity (hereinafter "PowderPuff") scheduled for October 13, 2011. In consideration for being permitted to do so, I agree to the terms set forth in this agreement. I am executing this agreement on behalf of myself, individually, and on behalf of my family members, heirs, estate, executors, personal representatives, administrators and assigns. I understand that the use of the term "Aurora University" in this agreement includes its trustees, faculty, employees, agents, coaches, volunteers, affiliates, assigns and successors.

1. Assumption of Risk- I understand that the my participation in PowderPuff at Aurora University involves the substantial risk of injury, including but not limited to cardiovascular stress, head and brain injuries, and damage to bones, joints, muscles, internal organs and the spinal cord or column. I understand that the risk of such injuries cannot always be reduced or prevented despite the best efforts or due care by Aurora University's staff, my teammates and the opponents. I further understand that any injuries I suffer during participation in PowderPuff could lead to permanent physical or mental impairment, cognitive deficits, paralysis or even death. I hereby assert that my participation in PowderPuff is voluntary, and that I knowingly assume all risk of injury.

2. Acknowledgement of Policies and Procedures- I acknowledge that I have read, know, and agree to all of the policies and procedures relating to my participation in PowderPuff. I understand that the safe and proper use of all facilities, equipment or participation in the activity is dependent upon carefully following these policies and procedures. I agree to comply with and abide by all rules, regulations and policies of Aurora University PowderPuff Football. I understand that Aurora University reserves the right to revoke or terminate my participation in PowderPuff for any violations of these rules, regulations, or policies.

3. Release and General Liability Waiver- I hereby release, waive, discharge and covenant not to sue Aurora University of and from any and all claims, suits, actions, or causes of action (collectively, "Claims") arising out of or related to my participation in PowderPuff at Aurora University, including but not limited to Claims for wrongful death, personal injury, property damage, loss or theft of property and contribution under a joint tortfeasor theory.

I understand that this release, discharge, waiver and covenant not to sue Aurora University covers any and all Claims that relate to or arise from travel to or from activities associated with my participation in PowderPuff.

4. Indemnification and Hold Harmless- I agree to indemnify and hold Aurora University harmless from any and all claims, actions, suits, procedures, cost, expenses, damages and liabilities, including attorney' fees, brought as a result of my involvement in PowderPuff at Aurora University, and to reimburse Aurora University for any such expenses incurred.

5. Prerequisite Skills. I acknowledge that I have the requisite skills, qualifications, physical ability and training necessary to properly and safely participate in PowderPuff. I agree that if I have any questions as to what skills, qualifications, or training is necessary to properly participate in PowderPuff, then I shall direct such questions to the appropriate individuals.

6. Consent for Emergency Treatment- I consent to medical treatment for emergencies that occur during or are related to my participation in PowderPuff where I am unable to consent to such treatment. I understand the provisions of this Assumption of Risk, Release, and Indemnification Agreement apply to any treatment that might be provided to me under this Section.

7. Insurance- I understand that I am solely responsible for any medical, health or personal injury costs relating to my participation in PowderPuff. I understand that I am strongly encouraged to have a medical physical examination and purchase health insurance prior to any and all participation in PowderPuff.

8. Severability. I understand that this agreement is intended to be as broad and inclusive as permitted by law, including the law of the State of Illinois. If any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

ACKNOWLEDGEMENT OF UNDERSTANDING

I have fully and carefully read this agreement and understand its terms. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE AND/OR SEEK RECOVERY FROM AURORA UNIVERSITY FOR INJURIES AND CLAIMS RELATED TO MY PARTICIPATION IN POWDERPUFF FOOTBALL.

PRINTED NAME: _____ SIGNATURE: _____ Date: _____

Consent and Release on Behalf of Minor by Parent/Legal Guardian

I am the parent or legal guardian of the above named minor. I have read and understand this Assumption of Risk, Release and Indemnification Agreement in its entirety and understand that it relates to surrendering valuable legal rights of the minor and myself. I agree to be bound by all the terms of the Assumption of Risk, Release and Indemnification Agreement. I also give my consent to the participation in the activity of the minor.

PRINTED NAME: _____ SIGNATURE: _____ Date: _____

Emergency Contact Information

FULL NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____