HOWARD UNIVERSITY
ACTIVITY RELEASE AGREEMENT

NAME OF EVENT ("ACTIVITY"): _____

PARTICIPANT'S NAME: _____

YEAR: _____

ACTIVITY DATES: _____

REQUIREMENTS: (See ACTIVITY Description, if any, attached)

SPONSORING UNIVERSITY ORGANIZATION: _____

ACTIVITY LOCATION ADDRESS: _____
_____

TERMS AND CONDITIONS

   This agreement (the "Agreement") provides Howard University (the "University") a release from the participant named above (the "Participant") in return for permission to participate in a the activity named above (the "Activity").

1.   General Release: I (we) understand that participation in the Activity is entirely voluntary and that any activity, such as the Activity, involving vigorous athletic activity, potential physical contact and substantial physical exertion, involves some element of risk. Notwithstanding such risks, the undersigned shall not attempt to hold Howard University, its trustees, officers, employees, faculty, agents, and co-sponsoring institutions and their agent(s) liable for any injury, death, or loss to any person or property arising out of during, or in connection with the participation in the Activity, including but not limited to the rendering of emergency medical procedures or treatment, if any, pursuant to paragraph 3 below.

2.   Insurance Coverage: The undersigned acknowledge that the University requires that all Participants be covered by appropriate accident and medical insurance and that they be financially responsible for such expenses. By signing this form I (we) acknowledge compliance with this insurance requirement. The University recommends that Participants insure their personal property from loss or theft for any property to be stored on any property of the University during our participation in the Activity.

3.   Medical Treatment: The undersigned acknowledges that while the participant is taking part in the Activity, an emergency may develop which necessitates medical care, hospitalization, or surgery. Wherever practicable, an Activity sponsor or an agent thereof will contact the person designated below prior to such treatment. What is practicable may vary depending upon the nature of the emergency. Therefore, the undersigned authorizes the University, through any of its employees or agents participating in the Activity, to secure any necessary emergency medical treatment, including the administration of anesthesia and surgery. The undersigned acknowledge that such treatment shall be solely at the Participant's expense and the undersigned agrees to reimburse the University for any expenses which it may incur on account of the Participant's injury or treatment.

4. **Voluntary or Involuntary Withdrawal or Dismissal**: The undersigned acknowledge that all Participants are subject to University regulations, Activity guidelines, and laws of the local jurisdiction. In the Activity of a violation of these or behavior that is detrimental to other Participants or the Activity, the Director of the Activity, the Sponsor or an agent of the University shall have the right to dismiss the Participant form the Activity. Such decision to dismiss shall be final.

The undersigned agree to pay for all costs arising out of the Participant's voluntary or involuntary withdrawal from the Activity prior to its completion for whatever reason, including withdrawal caused by illness or disciplinary action, as set forth above. The undersigned shall not assert claims for or hold the University, its trustees, employees, officers, faculty, agents and co-sponsoring institutions and their agents responsible for any costs or losses resulting from said events.

5. **Pledge**: The Participant hereby agrees to comply fully with the rules of the University and its administrators, its Host Entities and/or any facilities. The Participant further agrees that the University has the right to enforce its standards of conduct and that should the Participant fail to comply with them, the University has the right to terminate the Participation in the Activity with no refund of money paid, if any. The Participant further agrees that the policies of the University and the Host Entities, if any, may be applied to the Participant and that the University shall have the right to exercise the policies of the University or the Host Entities at any time.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THEM AS INDICATED BY MY SIGNATURE BELOW.

Participant or Guardian Name_____ Number_____
                          (Please Print)

Participant's Address_____

                  (City)   (State)   (Zip)

Telephone Number_____

Participant's Signature_____Date:_____

Signature of Participant's Guardian _____Date:_____

Person to contact in case of emergency:

HOWARD UNIVERSITY
ACTIVITY RELEASE AGREEMENT

Name_____

Address_____

                                                               _____

Telephone Number (Day):_____

                 (Evening):_____

                      (FAX):_____

THIS FORM MUST BE SIGNED AND RECEIVED BY _____

NO LATER THAN _____.