



## USU EXTENSION CREATE BETTER HEALTH (SNAP-ED) TAI CHI

### WAIVER AND RELEASE AGREEMENT

I, in consideration for the opportunity to **participate in the USU Extension Create Better Health (SNAP-Ed) Tai Chi program** (the "Activity"), on behalf of myself, my heirs, assigns, personal representative, and estate, hereby agree as follows:

**ACCEPTANCE OF RISKS AND RESPONSIBILITY:** I acknowledge that the Activity is inherently hazardous and my participation in the Activity necessarily includes certain risks which may result in loss or damage to property or injury, illness, or death to myself or others. I understand that these risks may be known or unknown, identified or unidentified, and anticipated or unanticipated. Specific risks associated with the Activity include, but are not limited to: temporary or permanent muscle soreness, sprains, or strains; lacerations; abrasions; contusions; concussions; loss of consciousness caused by external or internal circumstances; ligament, cartilage, joint, or bone damage; head, neck, or spinal injuries; loss of use of arms and/or legs; eye, ear, nose, mouth, or dental damage; disfigurement; nausea; skin irritations; or even death. I agree and acknowledge that the above list is not inclusive of all possible risks associated with the Activity. I also acknowledge that loss or damage to property or injury, illness, or death to myself or others may result from the negligent acts of Activity participants or organizers (including Utah State University, its agents, officers, employees, devisees and assigns and the Board of Regents of the State of Utah (hereafter collectively, "USU")). I voluntarily accept the risks and dangers associated with the Activity. I agree that I will be personally liable for any damages that occur as a result of my participation in the Activity. During my participation in the Activity, I agree to adhere to appropriate safety standards to ensure the safety of myself, others, and associated property.

**RELEASE:** I hereby voluntarily release and forever discharge USU from any and all liability, claims, demands, attorney fees, actions, or rights of action which are related to, arise out of, or are in any way connected with my participation in the Activity, including specifically, but not limited to, the negligent acts or omissions of USU for any and all bodily injury, death, illness, disability, or damage to myself or to my property. I agree that USU is not liable for risks, negligent acts, or any other liability that may arise in connection with my participation in the Activity.

**INDEMNIFICATION:** I hereby agree to hold harmless and indemnify USU against any and all losses, liabilities, or claims arising out of or connected to my participation in the Activity. The indemnification obligations outlined herein extend to any and all costs and expenses, including attorney fees, incurred by USU in connection with any such loss, liability, or claim.



**GOVERNING LAW AND JURISDICTION:** The laws of the state of Utah shall govern the validity, construction, and enforceability of this Agreement, without giving effect to its conflict of laws principles. All suits, action, claims and causes of action relating to the validity, construction and enforcement of this Agreement.

**ACKNOWLEDGEMENT OF EFFECT OF THIS AGREEMENT:** I understand and acknowledge that by signing this Agreement, I am agreeing to be bound by its terms and conditions and hereby warrant that I am at least eighteen (18) years of age. I acknowledge that by this Agreement, I have freely and voluntarily (a) given up certain legal rights and/or possible claims that I might otherwise assert or maintain against USU, including specifically, but not limited to, rights arising from or claims for the negligent acts or omissions of USU; and (b) assumed responsibility and legal liability for the claims or other legal demands, including defense costs, which may be asserted by third parties against me as a result of my participation in this Activity. MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS ENTIRE AGREEMENT, UNDERSTAND THAT IT AFFECTS MY LEGAL RIGHTS, AND UNDERSTAND THAT IT WAIVES MY RIGHT TO SUE USU.

Participant Name	Signature	Date
Address (Street, City, State, Zip Code)		Age
Phone Number	Email	A-Number

*If Participant is under the age of 18, a release form for minors must be used.*



## PERMISSION FOR PHOTOGRAPHY/VIDEO RECORDING

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I (the undersigned), for the purpose of publicizing USU programs or for any other lawful purpose, hereby grant to Utah State University and its photographers, videographers, editors, contractors, agents, representatives, employees, and assigns (collectively, "USU"), the irrevocable and unrestricted right to (i) take, record, use, and publish photograph(s)/video(s) of or including Participant in any manner and medium; and (ii) to alter, edit, or manipulate the same photograph(s)/video(s) without restriction, my inspection, or my approval.

I hereby voluntarily release and forever discharge USU from all claims and liability relating to said photograph(s)/video(s). My signature below indicates that I have read this entire agreement, understand that it affects my legal rights, and understand that it waives my right to sue USU.

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Participant (please print)

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Signature

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Date

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Address

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Phone number and Email Address