# LIABILITY RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE

This is a legally binding Release, made by me, _____, the parent/guardian of _____, ("Child") to the University of North Dakota. ("University").

      I recognize that there are dangers and risks to which my Child may be exposed by participating in the <u>UND Student Wellness Center programs, services and activities.</u> ("Activity"). I understand that the University does not require my Child to participate in this Activity, but that it is my wish that he/she to do so, despite the possible dangers and risks and despite this release.

      I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with this Activity. In consideration of and in return for the services, facilities, and other assistance provided to my child by the University, I release and hold harmless the University, its officers, and its members, from any and all liability, claims, and actions that may arise from injury or harm to my Child, from his/her death or from damage to his/her property in connection with this Activity. I understand that this Release covers liability, claims, and actions caused entirely or in part by any acts or failures to act of the University, its officers, and its members, including, but not limited to, negligence, mistake, or failure to supervise. I further agree to save and hold harmless, indemnify, and defend the University, its officers, and its members from any claim by my Child or my Child's family, arising out of my Child's participation in the Activity.

      I recognize that this Release means I am giving up, among other things, rights to sue the University, its officers, and its members for injuries, damages, or losses my Child may incur. I also understand that this release binds my heirs, executors, administrators, and assigns, as well as myself.

      I have read this entire Release, I fully understand it, and I agree to be legally bound by it.

**THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY BEFORE SIGNING**

_____
(Parent's/Guardian's signature)

_____
Date

UND WELLNESS CENTER
UNIVERSITY OF NORTH DAKOTA