Attachment A - American University
Field Use Assumption of Risk and Release of Liability
For Janney Students

Participant's Name:_____

Participant's Address:_____

In signing this Release, I ,_____, agree and/or represent that:

1. I understand that I am expected to follow the directions of Janney School faculty and staff;
2. I will observe all policies and procedures related to the activities described; and
3. I will conduct myself in a safe and prudent manner while using the field space.

Fitness to Participate and Emergency Medical Treatment: 1) I represent to American University that there are no health-related reasons or other problems of which I am aware that preclude or restrict me from participating in this activity, and 2) I hereby authorize the University to secure necessary emergency medical treatment in the event of injury or illness while participating in the activity.

Assumption of Risk: I hereby understand and accept that my use of American University's ("University") field space ("Facilities") is purely voluntary. I understand that use of the Facilities includes but not limited to participating in Physical Education classes and recess activities, and acknowledge that there are risks associated with such activities. Specifically, I hereby acknowledge and assume the risk that Physical Education classes and recess activities are dangerous and involve substantial risk of injury including, but not limited to broken bones, torn ligaments, paralysis, catastrophic injury, and even death and agree to assume all risks and responsibilities associated with my participation. Understanding these risks, I agree that I am knowingly and voluntarily assuming them.

In consideration of American University for allowing me to use the Facilities, for myself and my legal guardian or other representatives, I agree to indemnify and hold harmless American University, its trustees, officers, employees, faculty, agents, and co-sponsoring institutions and their agent(s) from and against any blame and liability for any inconvenience, injury, death, loss to person or property, or any other damage of any kind whatsoever, which may result from or be connected in any way to my participation and the use of the Facilities.

I and my Legal Guardian (if applicable) have read and understood all the provisions in this Release. I and my Legal Guardian (if applicable) agree to be bound by all terms of this Release, as indicated by our signatures below.

_____ _____
Student (Print) Student's Signature Date

If Participant is under the age of eighteen (18), signature of parent or legal guardian is required:

_____ _____
Legal Guardian's Name (Print) Legal Guardian's Signature Date

Emergency Contact Information
(You must identify at least two emergency contacts)

1. Name of Contact:
   Relationship to Student:
   Telephone:

2. Name of Contact:
   Relationship to Student:
   Telephone: