ALUMNI BUS TRIP TO THE WELLS FARGO CENTER
WAIVER, RELEASE, AND INDEMNITY

This Waiver, Release, and Indemnity Agreement ("Release") is executed by the Participant(s) listed below and given to Villanova University ("University"). Participant, intending to be legally bound hereby, agrees as follows:

Participant has voluntarily chosen to participate in a round-trip bus trip from Brazen Fox, 106 3rd Avenue, New York, NY or Best Buy, 125 18th Street, Jersey City, NY to The Wells Fargo Center located at 3601 South Broad Street, Philadelphia, PA on March 2, 2019 to attend the University's Men's Basketball game against Butler University (the “Activity”). Participant understands and agrees that there may be health and safety hazards (including, without limitation, transportation accidents and dangers inherent in travel to unfamiliar neighborhoods) and risks of personal injury, property damage or death associated with the Activity, and Participant knowingly assumes such risk.

Participant understands that the University's property insurance only covers property that is owned by the University. Participant further understands that the University's property insurance does not cover damage to or theft of Participant's personal property. Participant accepts all risks of personal property damage or theft of personal property related in any way to the Activity, including but not limited to personal property left in a vehicle owned, leased, or rented by the University, and understands that the University will not be responsible for such damage or theft.

Participant certifies that Participant has no medical condition that would preclude or restrict Participant's participation in the Activity or increase the risk to Participant of participating in the Activity, and that Participant has adequate health insurance protection to cover the expense of any unforeseen accident or injury. Participant understands that the University does not carry insurance that would respond to any injury sustained by Participant during the Activity. In addition, the University is not responsible for any medical bills the Participant may incur as part of the Activity. Participant recognizes that the University is not obligated to attend to any of Participant's medical or medication needs, and Participant assumes all risk and responsibility therefore.

Participant agrees that Participant is solely responsible for Participant's own travel arrangements to and from The Wells Fargo Center should Participant fail to arrive on time for the transportation departures.
In consideration of participating in the Activity, in full recognition and appreciation of the dangers and hazards inherent in participating in the Activity, Participant hereby agrees to assume all of the risks and responsibilities surrounding participation in the Activity. Further, PARTICIPANT, FOR PARTICIPANT’S SELF, HEIRS, AND PERSONAL REPRESENTATIVE(S), HEREBY AGREES TO DEFEND, HOLD HARMLESS, INDEMNIFY, RELEASE, AND FOREVER DISCHARGE THE UNIVERSITY, ITS OFFICERS, TRUSTEES, AGENTS, EMPLOYEES, AND STUDENTS FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, AND ACTIONS OR CAUSES OF ACTION, ON ACCOUNT OF DAMAGE TO PERSONAL PROPERTY, LOSS OF PERSONAL PROPERTY, OR PERSONAL INJURY OR DEATH WHICH MAY RESULT FROM SUCH PARTICIPATION IN THE ACTIVITY, INCLUDING CLAIMS BASED UPON THE NEGLIGENCE OF THE UNIVERSITY (WHETHER CHARACTERIZED AS NEGLIGENCE OR GROSS NEGLIGENCE), ITS OFFICERS, TRUSTEES, AGENTS, EMPLOYEES, AND STUDENTS.

Participant certifies that he/she has read and understands the above statements and that they are true and accurate, and that the signing of this Waiver, Release, and Indemnity is completely voluntary.

Participant’s Printed Name: _________________________________________________________________________________
Participant’s Signature: _________________________________________________________________Date: ______________ 
(Please sign in ink. Typed signatures are not acceptable.)
Address: _______________________________________________________________________________________________

Please list below any minor children of which Participant is the parent or legal guardian who are participating in the Activity (each a “Participant”). If the child is 13 years of age or older, the child will need to sing. If the child is younger than 13 years of age, the signature line can be left blank.

1. Participant’s Printed Name: __________________________________________________________________________
   Participant’s Signature: _____________________________________ _____________________Date: ______________ 
   (Please sign in ink. Typed signatures are not acceptable.)

2. Participant’s Printed Name: __________________________________________________________________________
   Participant’s Signature: _____________________________________ _____________________Date: ______________ 
   (Please sign in ink. Typed signatures are not acceptable.)

Please list below any additional adults (18 years or age or older) in the family who are participating in the Activity (each a “Participant”). All adults must sign.

1. Participant’s Printed Name: __________________________________________________________________________
   Participant’s Signature: _____________________________________ _____________________Date: ______________ 
   (Please sign in ink. Typed signatures are not acceptable.)

2. Participant’s Printed Name: __________________________________________________________________________
   Participant’s Signature: _____________________________________ _____________________Date: ______________ 
   (Please sign in ink. Typed signatures are not acceptable.)

Emergency Contact Printed Name: ___________________________________________________________________________
Relationship to Participant: _____________________________ Emergency Contact Phone Number: ______________________