



SOUTHERN VIRGINIA UNIVERSITY

Office of the Registrar

One University Hill Drive • Buena Vista, VA • 24416 • Phone: (540) 261-4343 • Fax: (540) 261.4245

Assumption of Risk and Limited Release Agreement

Name: _____ Student ID #: _____ Date: _____

I, the undersigned, recognizing the hazards and dangers inherent in said activity(s) and/ or in the transportation to and from said activity(s), and already knowing or having been advised of such dangers and fully acknowledging the risk of injury or death inherent therein, whether by my own actions, the actions of others or events beyond my control, do hereby agree to assume, and do knowingly and voluntarily assume, full responsibility for all of the risks surrounding my participation in said activity(s) and any other activity(s) undertaken as an adjunct thereto, and all risks associated with my own health problems and physical or emotional limitation; and, furthermore, for myself, my heirs and personal representative(s), I hereby fully release Southern Virginia University and all its officers, employees and agents, without any limitation or qualification, as to any and all liabilities, claims, demands and actions which might be made by me or my estate on account of any losses, expenses or death which may result, directly or indirectly, from my participation in the aforesaid activity(s), unless any such damage or injury is primarily the direct result of a negligent act or omission by Southern Virginia University or any of its officers, employees or lawful agents and not caused in part by my own negligence.

THE UNDERSIGNED, BY HIS/HER SIGNATURE BELOW, AFFIRMS THAT HE/SHE HAS CAREFULLY READ THIS ASSUMPTION OF RISK AND LIMITED RELEASE AGREEMENT UNDERSTANDS ITS CONTENTS AND PURPOSES, AND VOLUNTARILY AGREES TO ALL THE TERMS SET FORTH ABOVE.

Date: _____

Releaser's Signature _____

Printed Name: _____

Address: _____

Date: _____

Witness Signature: _____

Printed Name: _____