In consideration for being allowed by NC State to participate in the ____________________ (hereinafter “Program”) the undersigned hereby agrees as follows:

I do hereby affirm and acknowledge that I am participating in the Program for my own personal benefit, and have been fully informed of the inherent hazards and risk to them associated with this activity including property damage, falls, electrical shock, heat exhaustion, sprains, broken bones, and other personal injuries, or even death. I accept and assume responsibility for all risks, known and unknown, involved to me and my property in the aforementioned activity, and I am voluntarily participating in reliance upon my own judgment and knowledge of my experience and capabilities. I agree to comply with the requirements and directions of the training and supply any information relevant to safety and medical issues.

I understand that the determination of my ability to participate in the Program should be made by my physician if necessary. I understand that I need the approval of a physician if I am uncertain as to my physical fitness for the rigors of this Program. I understand that I may be required to seek approval from a physician if there is a health or safety question relative to my condition before being allowed to participate in the Program. I further understand that treatment for any medical problems I may suffer is my responsibility and will be paid by me and/or covered by my insurance.

I shall indemnify and hold harmless NC State, its trustees, officers, employees and agents from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys fees, arising from or proximately caused by my participation in this Program, including any travel. I further agree to accept and assume for myself, my assigns, executors, and heirs any and all such risks and losses that may occur.

I have read the Program’s rules and regulations and hereby accept the regulations of the Program described therein. I understand that the Program has the authority to establish and enforce other regulations in addition to these.

I do hereby agree to be photographed, audio or videotaped by the Program or NC State. I further agree that my image or likeness in photographs, videos, or audio may be used for educational or promotional purposes, including posting on the Internet. I agree that the use herein may be without compensation to me. I hereby waive any right to inspect or approve the finished electronic, photograph, or printed matter that may be used in conjunction with them now or in the future. I am expressly releasing NC State, its agents, employees, licensees and assigns from any and all claims which I may have for invasion of my privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings.

Check only if: I do NOT agree to photo/media use for any public release by NC State

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT AND I AGREE TO BE BOUND BY IT.

Signature: ___________________________ Date: ________________

Printed Name: ________________________ Name of Program you are attending: __________________