

**ACTIVITY RELEASE FORM/ACTIVITY AUTHORIZATION FORM**

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| --- | --- |
| Name of Participant: |  |
| I D/passport Number: |  |
| Activity: |  |
| Date: |  |

1. **Introduction**

This is an Activity Release and Indemnity form for participants who are 18 years and above or children whose parents/guardians have consented to their involvement in the above mentioned activity. All children must be accompanied by an adult.

Read the form carefully and sign below. Completion of the form is necessary in order to participate in the activity organized by Strathmore University or its affiliates.

1. **Risks.**

I, the undersigned, understand and acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. These risks cannot be anticipated; caution should therefore be taken by the participants while engaging in the activities. To this end, I **CERTIFY** that I am physically fit, have sufficiently prepared or trained for participation in this activity, will follow any instructions issued by Strathmore University or the persons or entities in charge of organizing the activities and have not been advised to not participate by a qualified medical professional. I also understand that any required protective gear must be worn to participate in this activity to help limit the possibility of injury but acknowledge that even with such equipment injury is still possible. I **CERTIFY** that there are no health-related reasons or problems which preclude my participation in this activity. I **CERTIFY** that I am free to not participate in the activity if I am not willing to assume all such risks.

I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility.

1. **Liability Release**

I acknowledge that this Activity Release Form and Activity Authorization Form will be used by Strathmore University for my participation in the aforementioned activities and that it will govern my actions and responsibilities at said activity. In consideration of my participation in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

1. **I WAIVE, RELEASE, AND DISCHARGE STRATHMORE UNIVERSITY AND/OR ITS AFFILIATES** and/or its authorized directors, employees, volunteers, representatives and agents, and the activity holders/organizers, sponsors, and volunteers from any and all liabilities, including but not limited to, liability arising from the negligence or fault of the persons or entities in charge of organizing the activities. Strathmore University is released from any risk of death, disability, personal injury, loss or destruction of my property, or actions of any kind, arising out of my participation in this activity that may hereafter occur to me including my traveling to and from this activity unless such action (s) is based solely upon the gross negligence and willful misconduct of the University and/ or its affiliates.
2. **INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE** **STRATHMORE UNIVERSITY AND/OR ITS AFFILLIATES** now and in future from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise unless such action (s) is based solely upon the gross negligence and willful misconduct of the University and/ or its affiliates.

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I understand while participating in this activity, I may be photographed. I hereby **CONSENT** and agree to allow my photo, video, or film likeness to be used for any legitimate purpose by Strathmore University.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT AND HEREBY ASSUME ALL RISKS AS A PARTICIPANT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT ON MY OWN FREE WILL**.

**NAME:………………………………………………………. DATE:……………………………………………………….**

**SIGNATURE………………………………………………..**

**ACTIVITY AUTHORIZATION FORM (TO BE FILLED BY PARENT/GUARDIAN OF CHILDREN UNDER 18 YEARS)**

I am the parent/guardian of the minor named above. I have the legal right to consent and do hereby consent to the terms set out above.

**WITNESS ON BEHALF OF PARTICIPANT**

**NAME:…………………………………………………….**

**DATE:……………………………………………………**

**SIGNATURE:…………………………………………….**