

St. Catherine University Athletic Facilities Release Form 2019-2020

Participant Name:

(Please Print) _____

Date(s) using facilities: _____

Event: _____

Waiver and Release of Claims: In consideration for me being permitted to use the Butler Center and Athletic Facilities, I release and promise not to sue St. Catherine University, its Board of Regents, its employees, independent contractors, instructors, agents, insurers, architects and builders, and all other persons and entities (hereinafter "Released Parties") from any and all present and future claims resulting from any loss, damage, personal injury, or death resulting from my using the Butler Center and Athletic Facilities ("Released Claims"). My release and promise not to sue as described above applies both to claims that may be made by me and to claims that may be made by my family, my estate, my heirs, my representatives, and my assigns. I further agree to indemnify and hold harmless the Released Parties for any claims arising as a result of my using the Butler Center and Athletic Facilities. I understand that this Waiver and Release of Claims and Liability is intended to be as broad and inclusive as permitted by the laws of the state of Minnesota and I agree that if any portion is held invalid, the remainder of the Waiver and Release of Claims and Liability will continue in full legal force and effect. I further agree that the venue for any legal proceedings relating to my use of the Butler Center and Athletic Facilities or to this Waiver and Release shall be in the state of Minnesota.

Participant's Release *(to be signed by all participants who are at least age 18)*

I am freely signing this Waiver and Release. I affirm that unless my parent or guardian has signed below, I am at least 18 years old. I have read the form carefully and fully understand that by signing this form, I am giving up legal rights and remedies that may otherwise be available to me.

Participant's Name: (Please Print) _____

Participant's Signature: _____

Parent's or Guardian's Release *(to be signed if Participant is under the age of 18)*

I am the parent or guardian of the Participants identified above who are under the age of 18. I agree on behalf of myself and the Participants identified above to release the Released Parties from all Released Claims, and further agree to indemnify and hold harmless the Released Parties from any claims resulting from the Participant's participating in activities related to St. Catherine University Butler Center and Athletic Facilities.

Name of Parent or Guardian: (Please Print) _____

Signature of Parent or Guardian: _____