



VISITING TEAM WAIVER, RELEASE, AND INDEMNITY

The undersigned participant wishes to participate in a Club Sport Game of _____ at Villanova University (the "Activity"). The undersigned participant fully recognizes that certain risks are involved in participating in the Activity and they voluntarily assume these risks for the undersigned participant, her estate, personal representative, heirs, legatees, devisees and anyone claiming by or through the undersigned (collectively, the "Releasers"). Such risks may include, but not be limited to, loss of or damage to property or physical injury to the undersigned up to and including death.

In consideration of the Releasees (as defined below) permitting the Activity, the Releasers agree that if any of the Releasers incurs any loss of property or injury, including death, as described above, none of the Releasers will hold Villanova University, Villanova Athletic Department, or any of their respective officers, employees or agents (collectively, the "Releasees") responsible or seek damages from any of the Releasees in any form, and each Releaser hereby waives and releases any and all claims against each of the Releasees for personal injury, death or property damage arising in any way out of participation in the Activity, including, without limitation, any such injury, death or damage arising out of the negligence of any of the Releasees, unless such Releasee has acted in a grossly negligent manner or committed an intentional tort, and will indemnify and hold each Releasee harmless from any such claims.

While on the Villanova University and Villanova Athletic Department premises, the undersigned participant agrees to conduct herself in a prudent and cautious manner. The undersigned participant and her parent or legal guardian certify that the participant has no medical condition that would prohibit her from participating in the Activity.

The undersigned certify that they have read and understand the above statements and that they are true and accurate, and that the signing of this Waiver, Release, and Indemnity is completely voluntary.

PARTICIPANTS FROM _____
(UNIVERSITY OR SCHOOL)

- NAME 1.) (PRINT) _____ SIGNATURE _____
- NAME 2.) (PRINT) _____ SIGNATURE _____
- NAME 3.) (PRINT) _____ SIGNATURE _____
- NAME 4.) (PRINT) _____ SIGNATURE _____
- NAME 5.) (PRINT) _____ SIGNATURE _____
- NAME 6.) (PRINT) _____ SIGNATURE _____
- NAME 7.) (PRINT) _____ SIGNATURE _____
- NAME 8.) (PRINT) _____ SIGNATURE _____
- NAME 9.) (PRINT) _____ SIGNATURE _____
- NAME 10.) (PRINT) _____ SIGNATURE _____
- NAME 11.) (PRINT) _____ SIGNATURE _____
- NAME 12.) (PRINT) _____ SIGNATURE _____
- NAME 13.) (PRINT) _____ SIGNATURE _____
- NAME 14.) (PRINT) _____ SIGNATURE _____
- NAME 15.) (PRINT) _____ SIGNATURE _____
- NAME 16.) (PRINT) _____ SIGNATURE _____
- NAME 17.) (PRINT) _____ SIGNATURE _____
- NAME 18.) (PRINT) _____ SIGNATURE _____
- NAME 19.) (PRINT) _____ SIGNATURE _____
- NAME 20.) (PRINT) _____ SIGNATURE _____