# **Participant Agreement, Indemnification, and Acknowledgement of Risk**

I acknowledge that my participation in the Juniata College \_**Language in Motion Program**\_ in/on \_**2020-21**\_\_ includes known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to me, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

In consideration of being permitted by Juniata College to participate in these activities, I hereby, for myself and my heirs, executors, administrators, successors and assigns, waive and release any and all rights, claims, actions or cause of action of any nature I may have against Juniata College and any of its affiliates, subsidiaries, chapters, assignees, licensees, and cooperating entities, and any of their officers, directors, employees, agents and representatives, and their heirs, executors, administrators, successors, and assigns (collectively the “Released Parties”), for any and all injuries, damages, or losses of any nature that I may suffer as a result of, occurring, growing out of, incidental to, or resulting directly or indirectly from my participation in these activities. I will not hold the Released Parties responsible for any injuries, damages, or losses incurred by me as a result of my participation in these activities. Further I shall indemnify the Released Parties and hold the Released Parties harmless from and against any and all claims, actions, damages, liability and expense in connection with or resulting from my participation in these activities. Juniata College has advised participants to provide travel insurance at their own expense to cover any unforeseen events.

I hereby represent that I am in good health, and that I have adequately informed Juniata College personnel of any special instructions regarding myself. I certify that I have adequate insurance to cover any injury or damage that I may suffer while participating, or else I agree to bear the costs of such injury or damage myself.

I authorize Juniata College personnel to call for medical care to transport me to a medical facility or hospital if, in the opinion of such personnel, that I need medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of myself, in their professional opinion. I agree that once I am in the care of medical personnel or a medical facility, Juniata College shall have no further responsibility for me, and I agree to pay all costs associated with such medical care and transportation.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_