



Office of Risk Management 4400
University Drive, MSN 6D6, Fairfax, VA 22030
Phone: 703-993-2599

George Mason University: Participant Assumption of Risk and Release from Liability

1. As a condition to voluntarily participate in the event identified below or use George Mason University (Mason) property, I agree for myself, my heirs, and assigns to release, hold harmless the Commonwealth of Virginia, Mason, their employees and agents from any personal injury or property loss caused by acts or omissions beyond control of the University. I understand that Mason is neither a guarantor of my safety nor an insurer against loss, and the University's role is primarily to facilitate organization of the event. Photographs and other media coverage of my participation may be used by Mason without compensation or other permission. I also concur that any legal claims will be settled in accordance with the Code of Virginia.

2. I acknowledge and assume the risks involved in this event and will notify the Event Director immediately of any safety or personal concerns. I understand that the purpose of the event is to enhance my general education, personal growth, or recreation. I certify that I am in good health and have no physical condition that would prevent my participation in this event. If I am incapacitated, and my contact persons (identified in the attached document) cannot be readily located, I authorize the designated Mason Event Director to act on my behalf and I will be responsible for any medical or other expenses incurred on my behalf. I also agree to comply with the below Participant Conditions and not buy, sell or use any illegal drugs and to obey local laws. It is understood that my participation may be terminated if my behavior is deemed unsatisfactory.

3. Event, Dates and Location:

Describe the general activities involved

4. Risks and Hazard Associated with the Event. There are normal hazards associated in any forms of travel and tourist activities, including, but not limited to delays, accidents, accommodation mishaps, criminal activity, injuries, illness, severe bodily harm or death. Further, when traveling outside the U. S., cultural, linguistic, sanitary, political instability and legal difference vary. Other risks may include, but are not limited to:

5. Administrative Instructions and Participant Conditions (fill in the appropriate items for event)

a. The Mason designed Event Director responsibilities:

b. Transportation and Accommodations:

c. Loan, Return, and Restoration of Mason Property:

c. Other Participant Conditions:

Participant's Name: Mason ID #

Permanent Address: Date of Birth: Sex:
Home Phone:

Name: Name:

Relation to Participant: Relation to Participant:

Daytime Phone: Daytime Phone:

Evening Phone: Evening Phone:

What are you allergic to:

List current prescriptions/
medication

Is the above named participant covered by health insurance? Yes No

If yes, provide the following information, which is required by George Mason University to expedite treatment and to facilitate the billing process.

Policy Holder's (PH) name:

Address: Policy Holder's DOB:
Relation to Participant:

Occupation: PH Employer:

PH Employer Address:

Insurance Company: Insurance Co. Address:

Policy Number: Plan Number:

By signing this document, I understand and authorize Mason to furnish the above contact, medical, and policy information to the Emergency Medical provider in the event of an emergency.

Signature of Participant

Printed Name

Date