WILKES UNIVERSITY

GENERAL EVENT RELEASE

 The following agreement is intended to protect all participants and personnel involved in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter “EVENT”) on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Terms and Conditions**

In signing this Agreement, I acknowledge and represent that:

1. Participation in the program is entirely voluntary and that there is some element of risk in activities of this nature;
2. In consideration of the performance of this Agreement, Wilkes University will pay the sum not-to-exceed $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for services provided under this agreement. I assume full responsibility for payment of all federal, state, and local taxes or contributions imposed or required under Unemployment Insurance, Social Security and Income Tax Laws, with respect to the payments above;
3. I understand that although Wilkes University is a sponsor of the event, it does not assume responsibility for any loss, injury or damage to person or property in connection with this program which results from causes beyond the control of, and without fault or negligence of the University;
4. For myself, my heirs, executors, administrators and assigns, I do hereby agree and will absolve and hold not responsible Wilkes University and the personnel working for Wilkes University and any other parties connected with this event in any way together with their respective successor and assigns, singularly and collectively, from and against any blame and liability for any injury, harm, loss, inconvenience or any other damage of any kind whatsoever, which may result from or be connected in any way to my participation in the program. I understand that Wilkes University carries liability protection for the University and their employees only;
5. I shall perform the services under this Agreement as an independent contractor. I shall not be considered under the provisions of this Agreement or otherwise as having an employee status or be extended coverage under unemployment, Workers' Compensation, or any other insurance policies. I have no power or authority to act for, represent, or bind Wilkes University in any manner;
6. I am physically capable of performing the event;
7. I will conduct myself in a safe and prudent manner while participating in the program;
8. I absolve, indemnify, defend and hold harmless Wilkes University from a breach of these representations.

 I have read and understand the above provisions and agree to be bound by them, as indicated by my signature below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN/FEIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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