UNCONDITIONAL RELEASE OF LIABILITY

I, _________________________________________
______________________, am familiar with the
hazards of_________________________________________________________________________,
and further have been advised by the instructors and staff at Drury University of the dangers of
such activity, and any necessary travel involved.

I recognize the potential hazardous nature of the activities in which I may engage and agree to
exercise necessary caution and to obey the instructions of all supervisors. The hazards of this
activity have been weighed by me, and I accept them in consideration for being permitted to
participate in this Drury University activity. I agree that Drury and its agents, servants and
employees do not assume any custodial responsibility for me and are not liable to me in any way.

I understand and acknowledge that Drury may utilize volunteer drivers or volunteers for other
purposes as part of this activity, and I have no objection to the use of such volunteers.

I agree to defend, hold harmless, indemnify, release, and forever discharge Drury University, its
trustees, officers, directors, employees, agents, and all those claiming by, through, or under Drury
University from any and all claims demands, actions, causes of actions, costs, or damages, including
claims involving Drury University’s own negligence, arising from or caused by my participation in
the activity, including related travel and contact with volunteers. I agree and understand that this
liability waiver and indemnification will extend beyond the dates of this agreement. I intend this
waiver, release, and indemnification to be legally binding on my heirs, executors, administrators,
personal representatives, estates, assigns, and all others claiming by, through, or under me.

In case of an emergency, I understand that every effort will be made to secure proper treatment. I
hereby give permission for such treatment. My personal health and accident insurance covers any
accident or illness which I may incur during this activity. I personally guarantee payment of any
cost or other liability incurred during treatment.

I have read this release prior to signing it, and I fully understand it. I know that this document
binds me and all those claiming under, through, or on account of me.

____________________________________________________   __________________
Signature Date

____________________________________________________   __________________
Signature of Parent or Guardian (if under 18) Date

In case of any illness or injury, contact:

____________________________________________________   __________________
Name Phone

Address

Please check with your insurance company to assure your coverage for this activity. Bring your
identification card.