

# BULLRIDE BONANZA WAIVER FORM- FEBRUARY 5, 2010

*Acknowledgement of risks, assumption of risk and responsibility, and release of liability.*

I, \_\_\_\_\_, understand that there are significant elements of risk in any use of a mechanical bull. Certain risks cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of the activity can be causes of loss or damages to equipment, accidental injury, illness, permanent trauma or death.

I acknowledge the following describes some, but not all of the risks: 1) Falls and painful crashes; 2) equipment failure; 3) the actions of other participants.

I understand the description of these risks is not complete and that other unknown or anticipated risks may result in injury, illness or death.

**EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:** In recognition of the inherent risks of the activity which I will engage, I confirm that I am physically and mentally capable of participating in the activity and/or using the equipment. I participate willingly and voluntarily and assume full responsibility for personal injury, accidents or illness (including death) and any related expenses. I also assume responsibility for damage to or loss of my personal property. I also assume risk for accidents or injury caused by negligence of other individuals that are assisting me in the participation of these activities.

At all times, when participating with the mechanical bull, I will wear appropriate clothing and safety equipment that has been deemed necessary by the individuals running the said mechanical bull.

I assume the risk of personal injury, accidents and/or illness, including, but limited to, sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts; wounds; scrapes; abrasions and/or concussions; dehydration; oxygen shortage (anoxia); head, neck or spinal injuries; paralyses; and/or death.

In consideration of services or property provided, I for myself do hereby release the Mount Vernon Nazarene University, its principals, directors, officers, agents, employees and volunteers from all liability and waive any claim for damage arising from any cause whatsoever.

If I do file a cause of action against Mount Vernon Nazarene University, I agree to pay any and all attorney's fees incurred on behalf of the University or its insurers incurred in the defending of claims against me.

I have read and understood the foregoing acknowledgement of risk, assumption of risk and responsibility and release of liability.

I understand that by signing this form, I may be waiving valuable legal rights.

Name \_\_\_\_\_ Today's Date \_\_\_\_\_ Phone ( ) \_\_\_\_\_.

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_.

Date of Birth \_\_\_\_\_ High School Graduation Year \_\_\_\_\_.

Signature \_\_\_\_\_.

Parent/Guardian Signature \_\_\_\_\_.

(If participant is under 18 years old)