

**WALSH UNIVERSITY HOUSING
HOLD HARMLESS AGREEMENT AND RELEASE**

I, _____ am registered to participate in the Eagle Eye Retreat offered by the Congregation of St. John and Walsh University from May 16-23, 2008.

I understand and recognize that I am responsible for my own well-being and the well-being of the other participants. I declare that I recognize that it is in my best interest, as well as that of the other participants, to follow the suggestions, guidelines, and/or rules of the activity(ies) supervisors, and/or coordinators and that my participation in this activity is entirely voluntary or is at the direction or request of persons or entities not associated with Walsh University.

I fully understand and appreciate the potential dangers, hazards and/or risks, directly and/or indirectly inherent in participating in this activity, which could also include the loss of life, serious loss of limb, or loss of property. Also, I understand that the consumption of alcohol and/or use of drugs are strictly prohibited and could result in my dismissal from further participation in the activity.

I understand that any Brother or Sister of St. John, University personnel or agents also participating in this activity are not necessarily medically trained to care for any physical or medical problems that may occur during this activity. By placing my signature below, I acknowledge to the Congregation of St. John and Walsh University that I have adequate medical and hospitalization insurance for any injuries that I may incur as a result of participating in this activity.

NOW, THEREFORE, in consideration for being allowed to participate in this activity, I agree to hold the supervisor(s) and coordinator(s) of this activity, Walsh University, its Board of Trustees, agents, officers, and employees, and student volunteers harmless for any and all direct, indirect, special or consequential damages, or costs, legal and otherwise, which I may incur as a result of my participation in this activity(ies), even if due to the negligence of Walsh University or any person serving in the above-identified capacities.

I have read the above terms of this Agreement/Release, and I understand and voluntarily agree to the terms and Conditions. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned.

Participant Signature

Date

Witness Signature

Date