

RISK SHARING AND INDEMNIFICATION AGREEMENT

I, _____ [print name], request that Emerson College permit me to enroll and/or participate in the sport(s) _____ [print sport(s)]. I have had the opportunity to satisfy myself as to the adequacy and safety of Emerson's program(s) for the sport(s) in which I wish to participate. I recognize that there are risks of bodily injury and even death involved in the participation in the aforementioned sport(s) and I understand that I must be in good physical health in order to avoid risk of injury. I have had a medical check up and have been informed by my doctor that there is no medical or psychological reason why I should not participate in the sport(s) mentioned above. I also understand that Emerson College could not afford to sponsor the sport(s) in which I wish to participate if the College were required to bear the sole financial liability for the risk of injury to participants. Therefore, in order for Emerson College to permit me to participate in the sport(s) I have chosen, I agree to share the risk of loss arising from injury to myself and/or my property arising out of my participation by entering into this indemnification agreement, in which I accept responsibility for all losses except those caused exclusively by the negligence of Emerson College or its agents.

On the basis of my knowledge of Emerson's program in _____ [print sport(s)], and in order for the College to allow me to participate in the aforementioned sport(s), I _____ [print name], for myself and my heirs, successors and assigns, agree to indemnify Emerson college and its trustees, officers, employees and agents (the "Indemnitees") for any sums of money for which the Indemnitees may become liable as a result of any claim, suit or cause of action which I or my heirs, legal representatives, successors and assigns may have, now or in the future, arising out of my participation in the sports I have chosen, unless the claim, suit, or cause of action arises solely and exclusively from the negligence of the Indemnitees, which I have not waived or released by signing this form.

I certify that I am in good health and capacity to participate in the sport(s) I have chosen and that the information I have provided to my physician and the information provided on the Physician's Letter is true and accurate, to the best of my knowledge.

I have read and understood this Student Risk Sharing and Indemnification Agreement.

Student Signature

Date