Radford University Selu Conservancy
Waiver of Liability and Release

Please read this document carefully.

I, ________________________________________, hereby acknowledge that voluntary participation in___________[event name]________________located at the Selu Conservancy on [dates] ______________________involves potential risk of personal injury and the undersigned assumes all such risk. The undersigned hereby agrees that for and in consideration of Radford University (RU) allowing the undersigned to participate in this activity which or in connection with which RU has made has made available any funding, equipment, facilities or personnel for such [event], the undersigned does hereby release and forever discharge RU and its agents, officers, and employees any claims, demands, rights of any kinds of an and all known or unknown, foreseen and unforeseen, bodily and personal injuries, damage to property, and the consequences thereof, resulting in or my connection with [event].

Participant Name (printed)____________________________________________________

Participant Signature

_________________________________________ Date_______________

Witness Signature

_______________________________________ Date _______________

Parent Guardian Signature (if under 18 years of age)

________________________________________

Image Consent Form

The signature to this form is verification of my consent of have recordings of audio or visual images (still pictures or video recordings) of myself and/or of the child as identified in the blank provided:________________________________________________. For children under the age of 18 years, the legal guardian must complete and sign this form. These recordings are being taken for the possible purposes of:

1. Publicity of programs at Radford University
2. Class use at Radford University
3. Presentations at conferences and workshops
4. Publications dealing with outdoor recreation and related topics

Participant Signature _________________________________________ Date________