



UNIVERSITY

**CLARKE UNIVERSITY “HOLD HARMLESS” AGREEMENT**

I, \_\_\_\_\_, as a participant in the Admitted Student Experience (which may include a Fighting Saints game and/or an overnight at Clarke) on March 7<sup>th</sup> – 8<sup>th</sup>, 2025, in the city of Dubuque as well as the Clarke University campus, recognize and acknowledge that there are risks of physical injury while traveling to and from the project and while participating in the program. I agree to assume the full risk of any injuries, including death, damages, or loss that I may sustain as a result of participating in any and all activities connected with or associated with such program.

I am eighteen years of age or older and have voluntarily applied to participate in the Admitted Student Experience (which may include a Fighting Saints game and/or an overnight at Clarke). I acknowledge that the nature of the activity and trip may expose me to hazards or risks that may result in my illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Admitted Student Experience (which may include a Fighting Saints game and/or an overnight at Clarke), I hereby accept all risk to my health and of my injury or death that may result from such participation, and I hereby release Clarke University, its Board of Trustees, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property, and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Admitted Student Experience (which may include a Fighting Saints game and/or an overnight at Clarke), whether caused by negligence of Clarke University, its Board of Trustees, officers, employees or representatives, or otherwise. I further agree to indemnify and hold harmless Clarke University and its Board of Trustees, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the Admitted Student Experience (which may include a Fighting Saints game and/or an overnight at Clarke).

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE ADMITTED STUDENT EXPERIENCE (WHICH MAY INCLUDE A FIGHTING SAINTS GAME AND/OR AN OVERNIGHT AT CLARKE) ON MARCH 7<sup>TH</sup> – 8<sup>TH</sup>, 2025, IN THE CITY OF DUBUQUE AS WELL AS THE CLARKE UNIVERSITY CAMPUS, AND I UNDERSTAND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMES FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

\_\_\_\_\_  
Signature of Participant

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness

Date: \_\_\_\_\_

**If the person signing is under age 18, there must be consent by a parent or guardian, as follows:**

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above and do hereby give my consent without reservation to the foregoing on behalf of this person.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian’s Printed Name

\_\_\_\_\_  
Telephone