

**11th ANNUAL ACCESSIBLE RECREATION DAY
REGISTRATION, LIABILITY & PHOTO
RELEASE**



Coastal Carolina Partnership for Accessible Recreation

Name: _____ Age _____

Address: _____

Phone: _____ E-mail: _____

As part of the consideration for participating in the **11th Annual Accessible Recreation Day**, sponsored by Coastal Carolina Partnership for Accessible Recreation (CCPAR), I hereby acknowledge recognition of the fact that I understand and accept that the **11th Annual Accessible Recreation Day** exposes me to numerous known and unanticipated risks and hazards that could result in personal injury, illness, death, and/or damage to myself or my property. I choose to participate in the **11th Annual Accessible Recreation Day** despite the named and unnamed risks, hazards and potential injury. These named and unnamed risks and hazards include but are not limited to falls, slips, scrapes, cuts, burns, bites, damage to the muscular skeletal system, serious back and neck injury, exposure to infectious agents, and death. I agree to accept and assume all responsibility for risk and personal injury, illness, death, or damage to myself or my property arising from my participation in the **11th Annual Accessible Recreation Day**. My participation is voluntary, and I understand that I may choose not to participate at any time.

I hereby also release, hold harmless, and forever discharge CCPAR, the University of North Carolina Wilmington (UNCW) and its officers, employees and agents from any and all liability, claims, demands, actions, and causes of property damage or personal injury that may be sustained by me or to any property belonging to me, while participating in the **11th Annual Accessible Recreation Day**. I am fully aware of the risks and hazards associated with the experience. I further agree to indemnify and hold harmless CCPAR, UNCW, its officers, employees and agents from any loss, liability, damage or cost, including court costs and attorney's fees, which may incur due to my participation in said activity. This release and indemnity agreement is binding on myself, my heirs, assigns, and personal representatives. In signing this document, I fully recognize that if injury, illness, death or damage occurs to me while I am engaged in this activity, I will have no right to make a claim or file a lawsuit against CCPAR, UNCW or its officers, employees or agents, even if they or any of them negligently cause my injury, illness, death or damage, unless that negligence is gross or willful negligence.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS AN ACKNOWLEDGMENT AND ASSUMPTION OF RISK AND A RELEASE OF LIABILITY AND INDEMNITY AGREEMENT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature _____ Printed Name _____ Date _____

Participant's Guardian's Signature if under 18 _____ Printed Name _____ Date _____

I agree / I disagree to be photographed by the University of North Carolina Wilmington (UNCW) and all agents of the Coastal Carolina Partnership for Accessible Recreation (CCPAR). If I agree, the photographic image(s) and information that correspond with the photographic image(s) may be disseminated for any public release usage by UNCW and CCPAR.

Participant's Signature _____ Printed Name _____ Date _____

Participant's Guardian's Signature if under 18 _____ Printed Name _____ Date _____