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- 2. I am aware of no physical or mental infirmity that could reasonably be construed to affect my ability to safely and fully participate in this activity, and I have not taken any action or made any representation to the RELEASEES regarding said ability which is untrue or upon which RELEASEES would be unjustified in relying with regard to my health, wellness and general ability to participate.
- 3. I am fully aware of risks and hazards connected with the activity, including but not limited to, the risks as noted herein involving travel, and I hereby elect to voluntarily participate in said activity, and to enter any involved travel arrangements and premises, and engage in the Activity knowing that the Activity or necessary components thereof may be hazardous to me and my property voluntarily assume full responsibility for any risks of loss, property damage or oama

  Of

RELEASEES or otherwise.

- 4. I further hereby agree to indemnify and hold harmless the RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may accrue due to my participation in said activity, caused by my negligence, recklessness or other culpable conduct, and to the greatest extent permissible under the law, caused by the negligence, recklessness or other culpable conduct of third parties, of RELEASEES, or otherwise.
- 5. It is my express intent that this WAIVER and Hold Harmless Agreement shall bind the members of my family, spouse, or power of attorney if I am alive, and my heirs, assigns and personal repr reasonable and routine cleaning

and sanitization procedures on and within the areas of the premises I will be occupying in connection with this WAIVER may not eliminate the spread of communicable diseases, including but not limited to viruses and bacterial infections spread by and between human beings through airborne, droplet or bodily fluids, or surface contamination. Therefore, I acknowledge that I am exposing myself to the risk of contracting a communicable or infectious disease while engaged in the activities and using the facilities, residence halls, and premises (the "Premises") that will be involved in such ies covered hereby and enter, remain in, or reside in the Premi ses for the

intarily assume the risk of contracting a communicable or infections disease from Isers of the Premises, or other sources. I agree to waive any claims or demands I inst St. Bonaventure University its agents, officers, directors, faculty members, relating to my contraction of a communicable or infections disease while entering, using, remaining within or residing at the Premises, or arising from the ten persons during the activities or within the Premises. To the extent that any seemed violative

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