

**XAVIER UNIVERSITY**  
**Assumption of Risk and Release, Agreement, and Emergency**  
**Medical Care Authorization for Non-Xavier Individuals**  
**Participating in an On- and Off-Campus Experience**

I, \_\_\_\_\_ [name], am affiliated with  
Presentation Ministries Bible Institute, Youth Day

[name of organization or conference], and wish to participate in a Summer Conference on August 2, 2019 (the "Experience"). I understand that portions of this Experience will be conducted on the Xavier University campus (the "Campus") and other portions may be conducted at off-campus sites, such as None [list the off-campus location(s) of experience] (the "Off-Campus Location"). I understand that unstable or unexpected conditions on Campus or at the Off-Campus Location may require changes in the planned Experience or might cause inconvenience or harm to me. I understand that Xavier does not own, operate or control the Off-Campus Location. I also understand and agree that Xavier University does not assume responsibility or liability for and has not made, does not make, and cannot make any representations whatsoever regarding my personal health and safety or that of my property while participating in this Experience.

I recognize that certain aspects of the cultural climate of the Off-Campus Location may be materially different from that of my own culture or that of the Xavier Community. I realize that there may be inherent risks to my health or wellbeing as a result of my participation in this Experience, which Xavier University can neither anticipate nor ameliorate. Such risks include but are not limited to any risk inherent in this type of Experience, inexperience or unfamiliarity with this type of Experience or its requirements, unfamiliarity with the Campus or the Off-Campus Location, travel to, from, between and around the Campus and the Off-Campus Location, unfamiliarity with laws, culture or customs, riot, violence, terrorism, exposure to sickness or disease, allergic reaction, contaminated food or water, unfamiliar climate, inadequate or unavailable healthcare facilities or assistance, inadequate, faulty, inappropriate or lack of training or instruction, inadequate, faulty, inappropriate or lack of equipment, accident, or mistake. I recognize that these risks may result in inconvenience, loss, injury, or damage to me, including personal injury, up to and including my death, or damage or loss of my personal property.

I certify that I am physically and emotionally capable of full participation in this Experience, however, I recognize that occasionally an individual participating in this type of event may face a health emergency requiring local hospitalization or emergency treatment. I authorize Xavier University, through its representatives, to secure emergency medical care, hospitalization, surgical treatment or dental treatment for me during, or as a result of, my participation in this Experience. However, I understand Xavier is under no duty to secure such care or assist me in any other way in the event of such a health emergency. I understand that Xavier is in no way responsible for any costs or other damages arising from my participation in this Experience, or resulting from any assistance provided or not provided under this paragraph. I have provided emergency contact information below, which Xavier may use at its discretion.

I promise to abide by all rules and requirements of my participation in this Experience. I promise to exercise common sense and good judgment, and to conduct myself at all times in a manner that is appropriate to this type of experience. I recognize that by breaking any of these promises, or for any other reason deemed appropriate by Xavier University or its representatives, my participation in this Experience may be immediately terminated.

**This is the only form approved by Presentation Ministries for this purpose.**

