**Physical Activity Release Form**

I am signing this form in order to participate in the following University of Rochester activity:

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I understand that participating in this activity described above poses risk of personal injury and by signing this form I knowingly and voluntarily accept that risk. I also hereby release the University of Rochester, its employees and Trustees, from responsibility for personal injury or liability to me resulting from my participation in the activity.

This release does not apply to injury caused by the sole negligence of the University. I understand that this activity requires physical conditioning, and I certify that I am in appropriate physical condition for this activity. I agree to follow all instructions, rules, and regulations. I certify that I have accident and medical insurance for this activity in effect for the date above.

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| **Printed Name** | **Signature** | **Age** | **Date** |
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