
[organization]

[name of activity]

**PARTICIPATION AGREEMENT NON STUDENT
INCLUDING ASSUMPTION OF RISK AND RELEASE FROM LIABILITY**

I, _____, desire to participate in the _____
(the "Activity") and, in consideration of being allowed to participate in the Activity, I hereby acknowledge and agree as follows:

1. I shall be solely responsible and liable for paying all costs and expenses related to my participation in the Activity. Rice (i) serves only in a capacity of assisting in making arrangements for services and products to be provided by others in connection with the Activity, and (ii) in no way serves as an agent or representative for these other parties, or accepts any responsibility or liability for their services or products. Such services and products are subject only to the terms and conditions under which they are provided by such other parties.

2. I am fully informed or otherwise aware of, and fully assume, all risks to person and property in connection with my participation in the Activity, including, but not limited to, property damage and loss, bodily injuries, sickness, disease and death. I state that I am in sufficient health and am able to participate (with or without an accommodation) in the Activity, and I will contact the program organizers if there is a need to request an accommodation. I have medical insurance coverage appropriate for my participation in the Activity and have provided such insurance coverage information and emergency contact information to Rice. Rice is not providing any insurance for me in connection with my participation in the Activity.

3. I shall comply with all applicable laws and all policies of Rice, including its alcohol and drug-free policies, while participating in the Activity. If my participation in the Activity is at any time deemed detrimental to the Activity or its other participants, as determined by Rice in its sole discretion, I understand that (i) I may be expelled from the Activity without Rice incurring any liability, (ii) I may incur liability to Rice under this Agreement, and (iii) I may be subject to further action by Rice.

4. **I fully and forever RELEASE, WAIVE AND DISCHARGE, and COVENANT NOT TO SUE, Rice (including, but not limited to, its trustees, employees and representatives) from and for any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses (including, but not limited to, court costs and attorneys' fees), from any cause whatsoever (including, but not limited to, property damage and loss, bodily injuries, sickness, disease and death), directly or indirectly arising in connection with my participation in the Activity, whether or not foreseeable or contributed to by the negligent acts or omissions of Rice or others.**

5. This Agreement constitutes the entire agreement, and supersedes any prior or contemporaneous agreements, understandings and negotiations, regarding this subject matter. This Agreement (i) may not be amended, by course of conduct or otherwise, and (ii) may not be assigned, in whole or in part, except in writing duly executed by me and Rice. This Agreement shall be interpreted and enforced in accordance with the laws of the State of Texas, without regard to any conflicts or choice of law principles, and shall be as broad and inclusive as permitted by such laws. If any provision of this Agreement is held unenforceable by a court, such unenforceability shall not affect any other provision, and this Agreement shall be construed as if such provision, to the extent of such unenforceability, had not been incorporated herein.

6. I (i) have read and fully understand this Agreement, (ii) intend that this Agreement be legally binding upon and enforceable against me and my family, estate, heirs and legal representatives, (iii) intend that this Agreement benefit Rice, and (iv) confirm that I am at least eighteen years old, fully competent, and entering into this Agreement voluntarily of my own judgment.

IN WITNESS WHEREOF, I have duly executed and delivered this Agreement as of _____, 20____.

Signature: _____

Print Name: _____

Medical Insurance Carrier: _____

Policy No. _____