

**LIABILITY RELEASE FORM**

On this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless Franciscan University of Steubenville, and any of its employees or agents representing or related to the University as regards to Campus Guest Visitation and Overnight Housing. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for this event. The undersigned further agrees to abide by all the rules and regulations promulgated by Franciscan University and/or its affiliate groups and vendors throughout the Campus Visit.

\_\_\_\_\_  
Guest Name (please print)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Guest Participant

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18)