Physical Activity
Release Form

I release the University of Rochester from responsibility for personal injury or liability while engaged in activities sponsored by _____ on _____ except when such injury or liability is due to 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 understand that there is an element of risk in this activity and 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.

Printed Name	Signature	Age	Date