UNIVERSITY TOURNAMENT PARTICIPATION AGREEMENT

Name of Campus: _____

Participating Organization: _____

Tournament Information: _____
Name: _____
Date: _____
Details: _____

The Pennsylvania State University (hereinafter referred to as "University"), hereby agrees to permit the Participating Organization (hereinafter referred to as "Organization") to participate in this Tournament and in consideration of this participation and intending to be legally bound, Organization hereby agrees as follows:

1. Organization agrees it will have oversight responsibility for its team during this Tournament.

2. Organization agrees to follow all applicable University policies. In particular, if the Organization's activity shall involve minors, Organization certifies that the Officer whose signature appears on this document has read AD39 and the Organization has complied with all relevant aspects of University Policy AD39.

3. Organization hereby covenants and agrees to indemnify, defend and hold harmless University, its trustees, officers, agents and employees, from and against any and all liability, claims, charges, expenses (including counsel fees) and costs on account of or by reason of any injuries, liability, claims, suits, or losses however occurring or damages growing out of the same, arising directly or indirectly out of the Organization's occupancy or use of any University Premises or any activity carried on by the Organization in connection therewith, whether or not caused in part by a party indemnified hereunder.

4. This Agreement shall be governed by the laws of the Commonwealth of Pennsylvania. The Organization hereby agrees to be subject to the jurisdiction of the courts for the County of Centre, Pennsylvania and agrees further that Centre County shall be the venue for any and all legal actions brought under this Agreement.

5. The signatory is authorized to sign this document on the Organization's behalf and understands and agrees that the University accepts no responsibility or liability for any acts or injuries occurring due to Organization's Participation in this Tournament.

Organization must return signed Agreement and Certificate of Insurance to the Contact Person listed below.

Distribution:
Original in Issuing Office*
Copy to Risk Management Office at least two (2) weeks prior to Event.

By signing below, the Organization's Officer affirms that they are authorized to obligate the Organization to all of the above terms of this agreement.

Signature, Organization Officer _____ Date _____

Printed Name / Officer Title _____

Telephone Number: _____

***CAMPUS/COLLEGE (Issuing Office)**: Please insert contact information below prior to sending this form to Organization. Once signed please fax (814) 865-4029 or email riskcontracts@psu.edu this agreement along with the Certificate of Insurance, if applicable, to the Risk Management Office.

Contact Person for Campus/College	Phone Number	Email Address
Address of Campus/College		Fax Number