

WARNING
Washington State University (WSU)
Assumption of Risk

I, _____, will participate in
(Print full name of participant)
_____, to be held on
(Describe program, activity, class, etc.)

(Date(s) of participation)

In consideration for the opportunity to participate, I voluntarily agree to assume all risks involved in my participation or traveling to or from it. I understand that if I voluntarily participate, I expose myself to risk of personal injury and/or death and property damage or loss including, but not limited to, the following (list all possible risks here in detail):

I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur that WSU cannot specifically anticipate and list here.

Release of Liability

I release the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses, that I may sustain as a result of my participation in the above event. My participation includes, but is not limited to, travel to and from the event in a private or public vehicle, and any activity connected with the event itself, and while using state equipment or facilities for the event whether on or off WSU property.

I have carefully read this document, understand its contents, and am fully informed about this event and circumstances and being apprised of the risks inherent in the activity, assume the risk of participation and release WSU from liability as set forth here in. I am aware that this document is a contract with WSU. I, or my parents/legal guardians if I am under the age of eighteen, sign it freely and voluntarily.

Participants signature
Participants printed name: _____
Date _____

Witness' signature
Witness' printed name: _____
Date _____

Parent/Legal guardian's signature
(required if participant is under age 18)
Parent/Legal guardian's printed name: _____
Date _____