



**CASE WESTERN RESERVE
UNIVERSITY**
Division of Student Affairs

RELEASE AND WAIVER OF LIABILITY FORM

Name: _____ (please print)

I am participating with _____ for the _____ event on _____ at _____ . My participation may include some risks. I am aware of the risks that may be encountered during this program, and I understand that the risks may include personal injury and damage to property.

I have been informed of risks that may be encountered during this program and if I have any questions about the activity's content, nature, risks or hazards, I have contacted the activity's coordinator and have discussed those questions to my satisfaction.

As a condition of participating in this activity, I agree to the following:

1. I am physically capable of participating in this activity. I understand that I am responsible for any health and accident insurance which I may deem necessary. I understand that University staff, if present, are not responsible for managing or overseeing my personal safety or well-being and it is ultimately my responsibility to ensure that I take appropriate actions to care for my health, safety, and personal needs.
2. In consideration of being granted the opportunity to participate in this activity and use services and facilities furnished or made available by Case Western Reserve University as well as the assistance and advice of employees of the University, I hereby release and forever discharge Case Western Reserve University and its trustees, officers, employees, and agents from all legal claims for injuries, damages, or losses of any kind, which may arise out of my participation in this program, other than those claims directly attributable to the grossly negligent acts or omissions of Case Western Reserve University, or its trustees, officers or employees.
3. I agree to comply with all regulations, rules and policies of Case while participating in this activity. I understand that any behavior that disrupts the event or violates university policy may result in appropriate consequences, including, but not limited to, removal from the trip at my own expense. I understand that I am responsible for any medical or other personal insurance that I may deem necessary. I also understand that Case Western Reserve University is not responsible for my safety under any circumstances.
4. I am an adult (18 years or older) and, as such, am fully responsible for my own actions, decisions, and behavior throughout the duration of the event. I understand that while University staff may be available to provide support and guidance, they are not responsible for my experience, monitoring my individual actions, or for any personal decisions I make during the event.

I certify that I have fully read this release and that I understand its terms and conditions and agree to be bound by them. I certify that I have executed this agreement of my own free will.

Signature

Date

Cell Phone

Optional Information

Emergency Contact Information (please print)

Name: _____ Relationship: _____ Phone: (_____) _____

Medical Insurance Company Name _____