

Assumption of Risk/ Release of Liability Form (General)

Attach this form to all opportunities offered to WSU students through your organization.

Assumption of Risk/ Release of Liability Form

[Required] Assumption of Risk

In consideration for the opportunity to participate, I voluntarily agree to assume all risks involved in my participation, including travel to and from a community project site. I understand that if I voluntarily participate, I expose myself to risk of personal injury and/or death or loss including, but not limited to risks listed in the project description. 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. I understand that Washington State University provides no medical insurance for its students and it is my responsibility to provided health insurance coverage for myself while I am participating in this activity.

Valid input:

- Select only one choice.

I Agree

[Required] Release of Liability

I release the state of Washington, the Regents of Washington State University, 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 project. My participation includes, but is not limited to, travel to and from the project site in a private or public vehicle, and any activity connected with the project itself, and while using state equipment or facilities for the project whether on or off WSU property.

Valid input:

- Select only one choice.

I Agree

[Required] Office of Student Standards

Were you referred by the WSU Office of Student Standards and Accountability for a community service placement?

Valid input:

- Select only one choice.

- must select a value.

Yes

No

[Required] Acknowledgement Statement

I have carefully read this document, understand its contents, and am fully informed about this event and circumstances and am satisfied that I can safely participate in this event. I am over the age of eighteen and am aware that this document is a contract with WSU.

Valid input:

- Select only one choice.

I Agree

[Required] Participant Name

Type your full name here. This will serve as your electronic signature acknowledging that you have fully read and understand the above information.

[Required] Date