Liability Waiver

campuslife.wustl.edu

(Printed Name)



Statement of Personal Responsibility & Release Regarding Participation in Washington University in St. Louis Student Event (for students aged 18 or older only)

I	am student at Washington University in St. Louis (the "University").	
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I wish to participate	("Event")	
on(date) in by in this Student Event, but am voluntarily doing so Release.	(location), organized(Sponsoring Group). I understand that I am not required to par despite the potential dangers and risks (as described in more detail below) and despite the potential dangers.	ticipate oite this
the Student Event area; natural disasters; incleme associated with independent activities I undertake or property damage or loss. I further understand	d risks inherent to the Student Event, including but not limited to transportation to, from, and an ent weather; riots; terrorist activities or attacks; accidents; illnesses; crimes; and any ras an adjunct to the Student Event, all of which could include serious or even fatal in that the University, including the individuals acting on its behalf, cannot and does not juries or property damage arising there from even if such injury or damage is a result seed.	risks njuries : as-
Knowing the dangers, hazards and risks of the Studer family, heirs, and personal representative(s), I ag Event and, in advance, release, waive, forever dis ployees, students, and volunteers (collectively, th action, cause of action, cost or expense of any na damage or injury, including but not limited to phys me, whether caused by the negligence or careles Release shall be deemed a release, waiver, discrete	t Event, and in consideration of being permitted to participate in it, on behalf of mysel ee to assume all the risks and responsibilities surrounding my participation in the Stucharge, and covenant not to sue the University, its governing board, officers, agents, a "Releasees") from and against any and all liability for any harm, damage, claim, der ture that I may have or that may hereafter accrue to me, arising out of or related to a cical injury, suffering or death, that may be sustained by me or by any property belongeness of the Releasees with regard to the Student Event. It is my express intent that arge and covenant not to sue the Releasees. I further agree to save and hold harmle by me or my family arising out of my participation in the Student Event.	udent, em- mand, ny loss, ging to t this
and Alcohol Policy, and all other applicable Unive	r consistent with the Washington University Judicial Code, the Washington University rsity policies. I understand that the use or possession of any illegal drugs, including r arrest and imprisonment. I know that I am subject to local law and agree to obey all ring my participation in the Student Event.	marijua-
participate safely in the Student Event. I assume hospitalized or otherwise receive medical care; the hereby grant permission to the Releasees to authorize the control of the release to authorize the control of the release to authorize the release to authorize the release to authorize the release to a second of the release to the rele	ate that there are no health-related reasons or problems that preclude or restrict my a call risk and responsibility for my medical needs, and understand and agree that if I me University cannot and does not assume legal responsibility for payment of such coorize emergency medical treatment for me, and understand and agree that neither they responsibility for any injury or damage that may arise out of or in connection with s	ust be sts. I ne Uni-
• • • • • • • • • • • • • • • • • • • •	and fully competent to sign this Release; that I understand the terms contained herein d this Release with full knowledge of its significance; and that I have signed this Rele	
	nce with the laws of the State of Missouri. If any term provision of this Release shall governing law, the validity of the remaining portions shall not otherwise be affected.	be
	IS IS A RELEASE OF LEGAL RIGHTS. CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.	
ACCEPTED AND AGREED:		
(Signature)	(Date)	