

**Western Kentucky University**  
**Release and Waiver of Liability and Assumption of Risk Agreement**

1. I, \_\_\_\_\_, desire to participate in a variety of activities/trips (hereinafter the "Activities") that are a required or elective part of the course \_\_\_\_\_ held during the \_\_\_\_\_ semester \_\_\_\_\_ . I understand and appreciate there may be dangers, hazards, and risks inherent in, associated with, or arising out of the Activity, the transportation to and from the Activity, acts by third parties unrelated to the Activity, activities not scheduled by Western that are in addition to and not related to the Activity (collectively referred to as the "Risks"). I recognize that these Risks could result in injury, illness or property loss or even death.

2. In exchange for the right to participate in the Activity, I hereby assume all responsibility and liability for these Risks, whether known or unknown, direct or indirect. On behalf of myself, my family, and my successors and assigns, I hereby release, waive, discharge, and hold harmless Western Kentucky University, it's governing board, officers, faculty, agents, employees, subcontractors, and/or students employed by Western Kentucky University (collectively referred to as "Western") from and against any and all claims, demands, liabilities, controversies or causes of action, damages, costs, and/or expenses of any kind or nature whatsoever, that may hereafter accrue, relating to or arising out of the Activity, my participation in the Activity, and/or the Risks.

3. In the event of an accident or serious illness, I hereby authorize Western to obtain medical treatment for me and on my behalf. I hereby hold harmless and agree to indemnify Western from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment.

In order to participate I am aware that I must have a copy of my current insurance card and a photo ID on my person during the field trip and authorize Western to share my insurance and personal information with medical or other personnel.

If I do not currently have medical insurance, I am aware that I will be personally responsible for all expenses incurred for me and on my behalf.

4. In signing this Agreement, I acknowledge and represent that I have carefully read this Agreement and understand its contents and that I sign this document of my own free will. I further state that I am at least (18) years of age and fully competent to sign this Agreement, that there are no health-related reasons or problems which preclude or restrict my participation in this Activity and that I have adequate health insurance necessary to provide for and pay for any medical costs that may be required or rendered to me as a result of injury or illness.

If I drive while participating in this Activity, I hereby warrant, represent and certify that I personally carry Automobile Liability Insurance applicable and effective in the place in which I will be driving, and that this insurance includes medical payment coverage in the event of an accident. I am aware that I or my insurance company will be responsible for all expenses incurred in the event of an accident.

In order to participate I must provide two emergency contacts and by providing these I authorize Western to report medical and other personal information as deemed necessary by any Western, medical, or other involved agents:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone numbers (please provide as many as possible)

\_\_\_\_\_

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone numbers (please provide as many as possible)

\_\_\_\_\_

In the event of needing medical attention do you have any conditions or are you taking any types of medication that medical personnel need to be aware of ?

YES

NO

**If yes please list:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS IS A RELEASE OF LEGAL RIGHTS. BE CERTAIN YOU READ AND UNDERSTAND THIS RELEASE BEFORE SIGNING IT.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_