

Student Waiver Form (General)



- A *specific (rather than this general) release from liability waiver is required for risky events* such as a ropes course, adventure hiking trip, self defense course or use of electric cooking devices.
- Please contact Michelle Emmert (memmert@westernu.edu or 909-469-5616) to determine whether your event requires a specific waiver to ensure that you + your attendees are completing the correct waiver
- Signed waivers must be submitted to University Student Affairs *no less than one (1) week prior to the event*. Any waivers signed by last minute attendees must be submitted no more than one (1) week after the event

I, _____, have agreed to participate in a voluntary program
(hereinafter, “the PROGRAM”), described as follows:

Name of Event:

Venue Name and/or Address:

Date:

I acknowledge that the PROGRAM is voluntary, and is neither expected nor required as part of my education at Western University of Health Sciences (“WesternU”). I further acknowledge that Western University of Health Sciences assumes no liability of any kind with respect to the PROGRAM, and that the PROGRAM is neither operated by, nor under the supervision of, WesternU.

I am aware my participation in the PROGRAM involves a risk of injury, illness, accident or impairment of health. Without limitation, and in addition to other risks inherent in my participation in the PROGRAM, I acknowledge there is a risk of injury or death in traveling to and from the location where the PROGRAM will be conducted. I am further aware that the following described risks and/or factors exist, or may exist, in my participation in the program.

NOTE: The listing of specific risks above (if applicable) does not suggest either the absence of risks not listed, or that those listed are necessarily of the greatest or most serious concern.

I shall be fully responsible for my own safety and well-being during my participation in the PROGRAM.

ON BEHALF OF MYSELF, AND ON BEHALF OF MY HEIRS, DISTRIBUTEES, GUARDIANS, ASSIGNEES, AND LEGAL REPRESENTATIVES, I HEREBY RELEASE WESTERNU, AND ITS OFFICERS, PROFESSORS, AGENTS AND EMPLOYEES, FROM ALL CLAIMS OF ANY KIND THAT I MAY NOW HAVE, OR THAT MAY ARISE IN THE FUTURE, THAT MAY ARISE OUT OF OR RELATE IN ANY MANNER TO MY PARTICIPATION IN THE PROGRAM, WHETHER OR NOT SUCH CLAIMS ARISE OUT OF ERRORS, OMISSIONS OR MISCONDUCT BY WESTERNU OR BY ANY OF ITS OFFICERS, PROFESSORS, AGENTS OR EMPLOYEES, OR MAY BE CAUSED BY DANGEROUS OR DEFECTIVE EQUIPMENT OR PROPERTY OWNED OR OPERATED BY WESTERNU. THE CLAIMES RELEASED HEREBY INCLUDE, WITHOUT LIMITATION, ANY CLAIMES FOR PROPERTY DAMAGE, BODILY OR PERSONAL INJURY, SICKNESS, DISEASE, ILLNESS OR DEATH.

I have carefully read this release form and fully understand its contents. I am aware that this is a release of liability, and sign it of my own free will.

Signature of Volunteer

Printed Name of Volunteer