



RELEASE & WAIVER

In consideration of Western Michigan University ("University") allowing me to participate in the _____ (the "Program"), I acknowledge, understand and agree that:

1. The Program is voluntary. I may refuse to participate in the Program, and I may withdraw from the Program at any time.
2. The Program involves actual and potential risks. Those risks include, without limitation, bodily injury, death and property loss or damage. For International programs, see also the U.S. Department of State website (<https://travel.state.gov/content/travel/en/international-travel.html>) for international travel information. I voluntarily assume all risks associated with the Program.
3. I may be interviewed, photographed, recorded and/or videotaped in connection with my participation in the Program and the University may use those for its educational or promotional purposes.
4. I am responsible for: (i) deciding if I am able to safely participate in the Program; (ii) contacting the University's Disability Support Services Office if I need an accommodation to participate in the Program; (iii) obtaining and administering my own medications; (iv) providing my own health insurance coverage; (v) paying for my own medical care; (vi) reporting any injuries to the appropriate University representative; and (vii) making arrangements or contracts with third parties for goods or services not provided by the University as part of the Program. I will also be responsible for any and all losses, injuries or damages that I cause.
5. I will comply with all directives from University representatives, and all University and other rules, regulations, and policies. The University may remove me from the Program, send me home at my own expense and discipline me if I fail to comply.
6. I fully, finally, irrevocably, unconditionally and forever WAIVE, RELEASE and DISCHARGE the University and its trustees, officers, employees, students, volunteers, agents and representatives, in their official and personal capacities, on behalf of myself and my family, heirs, next of kin, estate, successors, assigns and personal and legal representative(s), from any and all claims, demands, suits, damages, judgments, liabilities, losses and expenses of any kind, actually or allegedly arising out of or relating in any way to the Program, including without limitation those arising from or relating to personal or bodily injury, death, property loss or damage, defamation, infringement of intellectual property or invasion of privacy, violation of a right of publicity, and/or any other direct, indirect, special, punitive, incidental and consequential damages or losses of any kind, even if the University had knowledge of the possibility of such potential loss or damage and whether caused by the negligence or carelessness of those released.

I read this Release & Waiver thoroughly, I fully understand its terms and I signed it knowingly and voluntarily. Michigan law will govern this Release & Waiver and Michigan's Court of Claims or a court with subject matter jurisdiction sitting in the State of Michigan will be the venue for any proceedings relating to this Release & Waiver or the Program.

Participant's Signature _____ **Age:** _____ **Date:** _____
Print Name: _____

Parent/Guardian Signature: _____ **Date:** _____
Print Name: _____

(Required if the Participant is 17 years of age or younger)