

ASSUMPTION OF RISK, AGREEMENT, CONSENT, WAIVER AND LIABILITY RELEASE

I, _____ [Full Legal Name], represent that I am eighteen years of age or older, and that I read this agreement carefully before signing it.

In consideration for being provided transportation by a WMU employee (to include a student-employee), I understand and agree as follows:

1. ASSUMPTION OF RISK. I fully understand, appreciate, and accept the dangers, hazards, and risks inherent in being transported via automobile, on or off campus, by a WMU employee in their personal vehicle (Transportation), including but not limited to contact with pet dander or other allergenics in the personal vehicle, personal injury, property damage, or death. I confirm that I am physically and mentally capable of participating in this activity. I assume full responsibility and risk, including financial responsibility, for any and all losses, injuries or damages, including medical expenses, which I may sustain as a result of accepting Transportation and that are not otherwise covered by insurance.
2. RELEASE OF LIABILITY.
 - a. In consideration of being provided Transportation, I hereby release, relieve, discharge, and hold harmless and shall indemnify WMU, its Board of Trustees, officers, employees, volunteers, representatives, and agents (hereinafter, collectively "WMU") from any and all liability or claims of liability, whether for loss or damage of property, personal injury, death, or otherwise, which may arise out of or in connection Transportation.
 - b. I further release, relieve, discharge, and shall indemnify and hold harmless any owners or drivers of private vehicles, as well as any drivers of rental vehicles, in which I am a voluntary passenger from any and all liability or claims of liability arising out of or in connection with the Transportation.
3. MEDICAL CONSENT. If I suffer illness or injury related to Transportation, to an extent that I am unable to make decisions relative to my immediate medical condition, I authorize WMU to secure and consent to emergency medical treatment on my behalf, including transport to an appropriate medical facility, surgery and the administration of an anesthetic. I understand WMU will not provide me with health, accident, or hospitalization insurance for injuries related to Transportation, and I will be responsible for all expenses incurred in the event of an accident or injury.
4. It is my express intent that this Assumption or Risk, Agreement, Consent, Waiver, and Liability Release shall bind the members of my family and my spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased. This Agreement shall be governed by the laws of the State of Michigan.

I HAVE READ AND UNDERSTAND THIS ENTIRE DOCUMENT;
I VOLUNTARILY AGREE TO ITS TERMS AND CONDITIONS.

Signature _____ Date: _____

Printed Name _____ Telephone # _____

Witness: _____ Date: _____