



# ASSUMPTION OF RISK. WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

**IMPORTANT: THIS IS A LEGAL DOCUMENT. PLEASE READ AND UNDERSTAND BEFORE SIGNING**

**All participants must sign this form in order to participate.  
Please read the following and sign below where indicated.**

I understand that the \_\_\_\_\_ is sponsored by Wright State University Lake Campus (WSU-LC) and that it takes place on- and/or off-campus

I fully recognize and hereby acknowledge that there are inherent dangers and risks to which I may be exposed by virtue of my participation in this organization, or when traveling to and from one of the designated sites for related activity.

I understand the group leader representing WSU-LC reserves the right to leave me at the activity site in the event I do not return to the University vehicle at the appropriate time.

I understand that WSU-LC does not require me to participate in this activity, but I voluntarily choose to do so despite the possible dangers and risks.

I agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity.

I hereby grant the right to publish, broadcast, webcast, or disseminate in any other form of medium any or all of the following:

- Stories and/or information about me that I have provided to them for use in news stories, publications, promotional materials, web features and/or any other university purposes.
- Photographs, video, audio, and other images or likenesses of me for use in news stories, publications, promotional materials, web features and/or any other university purposes. **All photographs, video, audio, images, likenesses, stories, and other materials will remain the property of WSU-LC.**

In consideration of my participation in this club activity, I agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns HEREBY DO RELEASE WSU-LC, its officers, agents, and employees from any causes of action, claims, or demands of any nature whatsoever, which I, my heirs, representatives, executors and assigns may now have, or have in the future against WSU-LC on account of personal injury, property damage, or accident of any kind, arising out of or in any way related to such activity; and hereby certify that I am in good health and that I have no physical limitations that would preclude my participation in this club activity. **Examination by a Physician is highly recommended for participation in physical activities and athletics.**

I understand that while I engage in this activity, I am representing WSU-LC and must adhere to the student code of conduct and meet all eligibility requirements.

BY SIGNING THIS DOCUMENT, IT IS MY INTENTION TO INDEMNIFY AND HOLD HARMLESS WSU-LC, ITS OFFICERS, AGENTS, OR EMPLOYEES FROM ANY LIABILITY FOR ANY PERSONAL INJURY, OR PROPERTY DAMAGE CAUSED BY ANY REASON WHILE PARTICIPATING IN THIS ORGANIZATION AND ITS ACTIVITIES.

I certify that I am at least 18 years old, I have read and understand the foregoing and voluntarily sign this Agreement with full knowledge of its significance and I agree to all of its terms.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Student UID #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date