



VCU Conference and Scheduling Services

PARTICIPANT WAIVER OF LIABILITY AND RELEASE (Read carefully before signing)

I, _____, hereby acknowledge that voluntary participation in

Event Name: _____

Location: Dates: _____

involves potential risk of personal injury and the undersigned assumes all such risk. The undersigned hereby agrees that for and in consideration of Virginia Commonwealth University (herein after VCU) allowing the undersigned to participate in this activity which or in connection with which the University has made available any funding, equipment, facilities or personnel for such programs, the undersigned does hereby release and forever discharge VCU and VCU Conference and Scheduling Services any claims, demands, rights of any and all known or unknown, foreseen and unforeseen, bodily and personal injuries, damage to property, and the consequence thereof, resulting from my participation in or my connection with this program and/or event. Further, I understand, as a participant in this activity, that the University does not carry/provide any health and/or medical or accident insurance coverage for me. Further, I understand that this release and waiver of liability shall be effective during my participation and during travel to and from the event scheduled.

IT IS THE INTENTION OF THE UNDERSIGNED TO EXEMPT AND RELIEVE VCU AND ASSOCIATED PARTIES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

By signing this Waiver of Liability and Release, I acknowledge that I have read this document; I fully understand it and agree to its terms and conditions.

IN WITNESS THEREOF, I have signed this on: Date: _____

Signature: _____ Print Name: _____

Student ID-V#: _____ Date of Birth: _____

Signature of Parent/Guardian if under the age of 18: _____

Emergency Contact Information (the person we should contact on your behalf.

Name: _____

Phone Number: _____

Copies provided to the student and sponsor upon request