



Waiver of Liability Informed Consent Form

Name (Please Print)

Address

City, State, Zip Code

Telephone Number

I do hereby agree to assume all risks and responsibilities surrounding my participation in this program.

I hereby affirm by my signature that I am in good physical condition and do not suffer from any disability that would prevent or limit my voluntary participation in this program. I hereby release and hold harmless Shepherd University, its Trustees, officers, directors, faculty, employees; participants; owners and lessees of premises used to conduct the event, their officers and employees from and against any and all liabilities to the undersigned, his/her dependents, assigns, personal representatives, heirs and next of kin for any and all damages, expenses (including attorney fees), claims, judgments, actions or causes of action as a result of any loss or injury to the person or property that I may sustain or suffer during, or arising out of, the program.

Should I or my legal dependent become injured during this activity, my permission is given to provide or obtain necessary medical attention.

I understand that it is my responsibility to obtain appropriate insurance to cover any loss or injury to person or property.

I have read and understand this release and voluntarily sign this document and participate in this program.

Signature of Participant Date

If participant is under 18 years of age:

Parent / Guardian Name (Print) _____

Signature of Participant Date

Waiver must be signed before participation in any course/activity involving travel sponsored by Shepherd University Upward Bound Program