

How to use this form



WASHINGTON STATE
UNIVERSITY

Enter College/Department/Group Name

1

Assumption of Risk

Event:

Enter Event Details

2

Participant Name (Please Print): _____

Is the participant 18 years or older? (circle) Yes No

In consideration for the opportunity to participate, I voluntarily agree to assume all risks involved in my participation or traveling to or from it. I understand that if I voluntarily participate, I expose myself to risk of personal injury and/or death and property damage or loss including, but not limited to, the following:

List all possible risks in detail

3

I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur that WSU cannot specifically anticipate and list here.

Release of Liability

I release the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses, that I may sustain as a result of my participation in the above event. My participation includes, but is not limited to, travel to and from the event in a private or public vehicle, and any activity connected with the event itself, and while using state equipment or facilities for the event whether on or off WSU property.

I have carefully read this document, understand its contents, and am fully informed about this event and circumstances and being apprised of the risks inherent in the activity, assume the risk of participation and release WSU from liability as set forth here in. I am aware that this document is a contract with WSU. I, or my parents/legal guardians if I am under the age of eighteen, sign it freely and voluntarily.

Participant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Printed Name: _____

Required if participant is under 18

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Printed Name: _____

Enter College/Department/Group Contact Info

4

Complete steps 1 - 4 in Adobe
Save completed PDF & Print copies for participants to sign at the event
Maintain signed copies for your records



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I also understand I may be exposed to various infectious pathogens known to cause illness and disease in humans, including, but not limited to SARS-CoV-2. I am aware SARS-CoV-2, which causes COVID-19, is circulating within the community, and within shared space settings. I voluntarily and freely agree to knowing the risks of contracting COVID-19 and other respiratory illnesses during this experience. Such risks include, but are not limited to, respiratory failure, organ failure, death, aggravation of existing health conditions, stress, social-stigmatization, and/or spreading the infection to others.

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