

STATEMENT OF DUE WARNING AND ASSUMPTION OF RISK FORM

Print or Type Information

I, _____ being eighteen (18) years of age or older, voluntarily agree to participate in the following activity **(please list specifics)**

On the following date(s) _____

With the following class/group/organization: _____

I am aware of the inherent and/or latent danger (including but not limited to: risk of serious injury, the hazards of travel, accident or illness, or acts of God) of participating in such an activity.

I am aware that I should (if appropriate) have a medical exam prior to participating in this activity to ensure that I am in good physical health. I am aware that I should see that I am properly covered by adequate accident and/or medical insurance. If I am not, I agree to obtain sufficient liability/accident/health/travel insurance, at my own expense, to insure me against any loss occasioned by this activity.

I am also aware and have been advised that the University and/or its personnel will provide minimal or no supervision during this activity.

Knowing this, I assume all risks that may arise from or in connection with this activity. In addition, I do hereby agree and warrant to release and hold harmless the State of Connecticut, Board of Trustees of the Connecticut State University and/or Southern Connecticut State University, its agents and employees, from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage or injury resulting from my voluntary participation in this activity.

Individual's Name _____

Student ID# _____ Local Telephone _____

Local Address _____

Emergency Contact Info: Name _____

Day Phone _____ Evening Phone _____

Signature _____ Date _____

**Forms must be submitted to the Office of Student Life,
Michael J. Adanti Student Center, Room 213, prior to the activity taking place.**