



**LEARN
ENGAGE
CONNECT**

RELEASE/ASSUMPTION OF RISK

ACTIVITY: STUDENT LEADERSHIP CONFERENCE

ARRIVAL DATE: September 4

DEPARTURE DATE: September 6

I would like to participate in STUDENT LEADERSHIP CONFERENCE ("the activity") conducted by the COUNCIL FOR UNIONS AND STUDENT PROGRAMS. I, the undersigned participant, agree to the following:

1. Assumption of Risk. I hereby acknowledge that I am aware of inherent risks involved in participation in the Activity (including, but not limited to, **foodborne illness, animal contact, falls, sprains, torn ligaments, broken bones or injury from organized conference activities**). and I hereby assume any and all of these risks of injury that may result from my participation in the activity. I understand that the Activity may be dangerous and assistance may not be immediately available.
2. I understand that by participating in this activity, which involves optional transportation by **chartered school bus**, I am subject to the possibility of injury or death. The purpose of this warning is to bring attention to the existence of potential dangers associated with participation in the transportation portion of the activity listed above, which may involve injury of some type to either yourself or others. Such injury or injuries would be those associated with a **chartered school bus** accident, and can include direct physical and possible crippling injury to one's body and the possibility of emotional injury experienced as a result of witnessing injury to another.
3. Release of Liability. I hereby release the COUNCIL OF UNIONS AND STUDENT PROGRAMS, its executive board, committee volunteers, and agents from and against any and all claims, or damages arising out of or in connection with my participation in this Activity.

The purpose of this warning is to make you aware that it is your responsibility to be very alert as to matters of your personal safety and the security of your personal property and to require you to learn as much as possible from and ask questions that you might have, at any time, of knowledgeable persons regarding your safety and well being, and the safety of the activity.

By signing this ACKNOWLEDGEMENT OF HAZARDS AND RISKS, I acknowledge that I have read and understand its contents and agree to its terms, have had an opportunity to ask questions and seek advice, that I am age 18 or over, or if not, that my parents hereby make these promises on my behalf, and that I choose to participate in the **Student Leadership Conference**.

Name

Date

Signature (if under 18 years of age, signature of custodial parent)

Date