**WESTERN CAROLINA UNIVERSITY**

**ASSUMPTION OF RISK**

**RELEASE AND INDEMNIFICATION AGREEMENT**

**STUDENT (Name and Address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**DESCRIPTION OF ACTIVITY OR TRIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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I, the above named student, am eighteen years of age or older and have voluntarily applied to participate in the above Activity or Trip (“Activity”). I fully understand and appreciate the dangers, hazards, and risks inherent in the Activity, in the transportation to and from the Activity, and in any independent research or activities I undertake as an adjunct to the Activity, and which also could include serious or even mortal injuries and property damage.

I understand that I am solely responsible for the payment of any costs related to injury or property damage sustained through my participation in the Activity. I understand that I am solely responsible for maintaining adequate health and accident insurance coverage.

**I hereby voluntarily and expressly accept and assume all risks, hazards, and dangers inherent in participating in the Activity.** Further, when transportation is furnished voluntarily by me for the purpose of participating in the Activity, it is expressly understood that I am solely responsible for any personal injury to myself, to passengers in my privately-owned vehicle, or to other persons, or damage to my personal property or the property of passengers or other persons incident to such transportation in traveling to and from any location as is necessary to participate in the Activity. I understand that when my privately-owned vehicle is used as transportation for me or for other students participating in the Activity, I will ensure that my automobile liability insurance policy, providing third party injury or property damage insurance coverage, will be in full force and effect and that the terms and provisions of such policy do not exclude third party liability coverage incident to such transportation.

**I hereby agree, for myself and on behalf of my successors, heirs, and assigns, to waive any and all claims and release, satisfy, and forever discharge Western Carolina University (“WCU”) and the Board of Governors of the University System of North Carolina ("UNC"), and their directors, trustees, officers, agents or employees from any and all actions, claims, damages, judgments, demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries or damage to property arising out of or related to my voluntary participation in the Activity.**

I certify that I am at least 18 years of age and that I have carefully read and understand this RELEASE AND INDEMNIFICATION AGREEMENT, and agree to be bound by the terms contained herein.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_