Washington State University

Center for Civic Engagement

Assumption of Risk and Release of Liability

**[Required] Assumption of Risk Statement**

In consideration for the opportunity to participate, I voluntarily agree to assume all risks involved in my participation, including travel to and from a community project site. I understand that if I voluntarily participate, I expose myself to risk of personal injury and/or death or loss including, but not limited to risks listed in the project description.

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. I understand that Washington State University provides no medical insurance for its students and it is my responsibility to provided health insurance coverage for myself while I am participating in this activity.

**[Required] Release of Liability**

I release the state of Washington, the Regents of Washington State University, 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 project. My participation includes, but is not limited to, travel to and from the project site in a private or public vehicle, and any activity connected with the project itself, and while using state equipment or facilities for the project whether on or off WSU property.

**[Required] Additional Risk Statement (Health Services)**

I voluntarily agree to assume all risks involved and understand that I expose myself to risks of personal injury and/or death including, but not limited to, the following: risk of physical injury due to a variety of activities (bending, lifting, etc.); risks associated with access to vulnerable populations (seniors, individuals with disabilities), including potential exposure to viruses, sensitive/confidential information, and interactions that may be emotionally challenging. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my person.

I take full responsibility for learning as much as possible about this activity and how to keep safe. I understand that there are specific situations in which volunteers have conditions that would prevent them from working with or around the MRI unit or in the MRI suite. I recognize that Washington State University has no information about my medical conditions and assumes no responsibility for screening participants for participation from a health or other perspective. I understand that WSU recommends that participants consult with their health care providers regarding fitness to participate in this event.

**Acknowledgement Statement**

I have carefully read this document, understand its contents, and am fully informed about this event and circumstances and am satisfied that I can safely participate in this event. I am over the age of eighteen and am aware that this document is a contract with WSU.

Name of Participant: [NAME OF REGISTRANT]

For [NAME OF EVENT] on [DATE OF EVENT]