CENTRAL WASHINGTON UNIVERSITY ASSUMPTION OF RISK AND RELEASE OF CLAIMS— DOMESTIC TRAVEL

This Assumption of Risk & Release of Claims form is for use by Central Washington University students participating in University programs or activities involving domestic travel or field trips within the United States.

Last Name	First Name	MI
, .	ned student, wish to participate in the following ponsored by or through Central Washington Ur	,
PROGRAM:	DATE(S):

A. ASSUMPTION OF RISK

I understand that my participation in the above described travel or field trip program is not required by the University and is entirely voluntary on my part. I further understand that the program may involve foreseeable as well as unforeseeable risks to my health, safety, or property, including the risk of serious injury or even death.

I acknowledge that some of the risks of participating in the program include all those risks inherent in or incidental to domestic travel, including specifically but not limited to: accidents and injuries, illnesses or allergic reactions, exposure to communicable diseases (including but not limited to the COVID-19 coronavirus), ill effects of unfamiliar or contaminated water or foods, infestations, air pollution or other public health hazards, criminal activity, civil unrest, adverse weather conditions, natural disasters, lost or damaged luggage or other personal property, and, in some locations, limited availability of medical assistance.

I acknowledge and voluntarily assume the risks of participating in the travel or field trip program, whether such risks result from my own acts or omissions, the acts or omissions of others, or otherwise. If this program is required for academic credit, I acknowledge that I am voluntarily enrolled in the class(es) requiring the travel or field trip, and I understand that I may request my course instructor to arrange an alternative class assignment for me. If I am arranging my own transportation, or if I am traveling on my own during or outside the scheduled date(s) of the travel or field trip program, I understand that I do so at my own risk.

I further understand that I am solely responsible for determining my ability to participate in the program and for notifying University staff of any medical or other health condition that would limit my ability to participate safely. I understand that the University and its staff cannot act as guarantors or insurers of my health or safety and that it is my responsibility to obtain any

appropriate insurance coverage. If I have a disability that requires accommodation, I understand that it is my responsibility to initiate a request for reasonable accommodations through CWU Disability Services.

I further understand and agree that during my participation in the program I will at all times be responsible for my own actions and that I may also be subject to Central Washington University's Student Conduct Code, Chapter 106-125 of the Washington Administrative Code (WAC), including but not limited to its provisions concerning the use of alcohol and drugs.

B. RELEASE OF CLAIMS

As a condition of my being permitted to participate in the above described program, I hereby waive and release any claims that I or my estate may have against Central Washington University or its trustees, officers, staff, volunteers, or agents based on any loss, injury (including death), or damage that I may sustain to my person or property (or both) arising from, in connection with, or incidental to my participation in the program, whether such loss, injury, or damage is caused by my own acts or omissions or by the negligent acts or omissions of others, including Central Washington University staff or volunteers.

If I am signing as a parent or legal guardian of a minor child, I hereby acknowledge and accept the above described risks of my child's participation in the program, and I waive and release any claims that I or we may have against Central Washington University as stated in the foregoing Release of Claims. I/we further understand and agree that the foregoing Acknowledgment and Release is intended to be enforceable to the fullest extent permitted by the laws of the State of Washington.

Signature	 Date	 Student ID #
Parent/Guardian must sign	if student is under age 18:	
Parent/Guardian Name		

AAG 09.27.16 Rev. 03.25.21