

**CWU Women's Aces Academy  
July 18 – 20, 2008**

**ASSUMPTION OF RISK STATEMENT**

I, the undersigned, fully understand there is inherent risk associated with my participation in the CWU Women's Aces Academy Camp. I hereby release, both in their individual and official capacities, the *Women's Aces Academy, the Industrial and Engineering Technology Department*, Central Washington University, its Officers, Agents, Employees, Board of Trustees, and the State of Washington, from responsibility for any injury to myself, any minor under my guardianship, or to my property which results from my or any minor under my guardianship participation in the *Women's Aces Academy*.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2008

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

If the participant is under the age of 18, the signature of a parent or guardian is required below.

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Parent's Signature