

**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** _____

I, the undersigned student, wish to participate in the following described domestic travel or field trip program sponsored by or through Central Washington University.

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

