

RELEASE OF LIABILITY AND ASSUMPTION OF RISKS

REGISTRAR/STUDENT SERVICES OFFICE



Release of Liability and Assumption of Risks

I, the undersigned, agree to release and hold harmless the Roseman University of Health Sciences _____ Organization and its officers, employees, trip schedulers, coordinators, organizers, and volunteers from any claim, demand or cause of action for injury to myself or damage to my personal property which arises out of or in any way is connected with the Organization's events and any travel in connection therewith. I will be responsible in case of accident, illness or property damage that I may suffer.

I understand the possible risks associated with this activity and I assume all the risks of participation including and not limited to transportation, participation and all other risks related to any physical or other condition from which I might suffer.

I acknowledge that the organization does not provide personal or health accident insurance or medical personnel and I assume personal and financial responsibility for any medical care or treatment I may require as a result of participating in the activity.

I am in good mental and physical condition to undertake this completely voluntary activity and agree that this waiver applies to any acts or omissions of ordinary negligence and to any deliberate act intended to promote my safety or well-being.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS AND I INTEND TO BE LEGALLY BOUND BY THIS RELEASE AND ASSUMPTION OF RISK AND SIGN THIS OF MY OWN FREE WILL.

HAND PRINT NAME: _____

DATE: _____