



## Waiver

**ACTIVITY** \_\_\_\_\_ **DATE** \_\_\_\_\_

I, the undersigned, in consideration of the opportunity to participate in the University department-sponsored or student-sponsored **ACTIVITY** described above, do hereby release The Commonwealth of Massachusetts, the Massachusetts Board of Higher Education and Westfield State University, together with their agents, officers, employees, volunteers and representatives, from all liability claims, suits or actions for any loss, damage, injury to person or property, or death caused by the ordinary negligence resulting from, or arising out of, my participation in this **ACTIVITY**. Furthermore, I do not possess any health problems or physical limitations that I, or my doctor feel would restrict my active participation or the safety of other participants.

### Personal and Contact Information

Participant's Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Local Address Street/City/State/Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ U.W.I.D. Number \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone #: (\_\_\_\_) \_\_\_\_\_

### I, the participant, understand and agree:

1. To follow safety and other instruction's provided by the staff in charge of the **ACTIVITY**.
2. To share in the responsibility for my own safety and not endanger other participants.
3. To immediately report all unsafe acts and dangerous conditions to the staff in charge.
4. To immediately report all injuries to the staff in charge.
5. To refrain from possession and/or use of alcohol or drugs during the **ACTIVITY**.
6. That participation in the **ACTIVITY** is voluntary.
7. That I have the physical capacity reasonably necessary to engage in the **ACTIVITY**.
8. That in case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary.
9. To be the party responsible for all medical expense that is incurred on my behalf.
10. That the Commonwealth of Massachusetts permits Westfield State University to accept responsibility only for the acts of its officers, employees, and/or agents and that Westfield State University is prohibited from accepting any liability for the acts, omissions and conduct of other persons participating in the **ACTIVITY**.
11. That the participant shall indemnify, defend and hold harmless the State, Westfield State University, its officers, agents and employees from all claims, suits, or actions of any nature arising out of my participation in the **ACTIVITY** other than negligent acts of Westfield State University, its officers, employees, and/or agents.
12. That I am participating in the **ACTIVITY** at my own risk and that by signing below, I acknowledge that I understand this assumption of risk and agree to the conditions listed above.

Furthermore, I understand that all Westfield State University student conduct regulations and procedures are in effect,

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date