

WINTHROP UNIVERSITY
ASSUMPTION OF RISK, RELEASE, AND INDEMNIFICATION

I, _____, and the undersigned, in full recognition and
(Print or Type Name)
appreciation of the hazards and exposures involved do hereby voluntarily agree to assume
all of the risks and responsibilities involving my voluntary participation in

(Program or Event)
scheduled on/from _____, 20____,
(Month(s)/Date(s))

and any related research or activities; and, further, I do for myself, my heirs, and personal representative(s) hold harmless, indemnify, release, and forever discharge Winthrop University and all its officers, agents, employees, volunteers, etc. from and against any and all claims, demands, and actions, or causes of actions of any sort on account of damage to personal property, personal injury, or death which may result from my participation.

I confirm that I have health and accident insurance in effect for the inclusive dates of my participation and understand that no such coverage is provided for me by Winthrop University.

I have read and executed this document with full knowledge of its significance. In witness whereof, I have caused this agreement to be executed this _____ day of _____, 20____.
(Today's Date) (Month)

(Student/Intern/Volunteer Signature) (Date) (Witness Signature) (Date)

If Student/Intern/Volunteer is under the age of eighteen (18):

(Parent or Guardian Signature) (Date) (Witness Signature) (Date)

(Parent or Guardian Signature) (Date)
