**RCUOG**

**STUDENT OFF-CAMPUS ACTIVITY**

**WAIVER OF LIABILITY**

Agreement made this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_\_\_ between the Research Corporation of the University of Guam (hereinafter “RCUOG”) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter “Student”). (PRINT NAME: FIRST, MIDDLE INITIAL, LAST).

In consideration of the RCUOG granting permission to UOG STUDENT to participate in activities sponsored by the RCUOG/UNIVERSITY, STUDENT hereby waives all claims, for damage or loss to his/her person and property that may be caused by any act or failure to act, against the RCUOG/UNIVERSITY, its officers, agents or employees.

STUDENT assumes the risk of any dangerous conditions that may be encountered in the course of this activity scheduled for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to the following location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Statement of Disclosure of Medical Condition by Student. (If applicable)

I have a medical condition that will prevent me from***fully*** participating in this off-campus activity.  **Check one:**

\_\_\_\_\_ I would like *reasonable accommodation* in order to participate in this off-campus activity.

***or***

\_\_\_\_\_ I request an *alternate activity* that fulfills the requirement of this off-campus activity.

\*Student must attach letter from Institutional Compliance Officer (located in Dorm 2, Iya Hami Hall,

Room 106. Telephone: 735-2244, email: [efgogue@uguam.uog.edu](mailto:efgogue@uguam.uog.edu)) that will inform the instructor of the

requested alternative project or activity based on the student’s medical condition.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINCIPAL INVESTIGATOR NAME AND SIGNATURE