

Liability Waiver and Release

Read carefully before signing. Participants under 18 require parent/guardian signature.

Event Information

Event/Activity Name *

Event Date *

(MM/DD/YYYY)

Location

Sponsoring Department

Participant Information

Participant Name (Print) *

Date of Birth

(MM/DD/YYYY)

Address

City

State

ZIP

Emergency Contact Name *

Emergency Contact Phone *

Waiver and Release

I understand and acknowledge the risks associated with this activity

I release Wiley University from liability for injuries

I consent to emergency medical treatment if necessary

I grant permission for photos/videos to be used for university purposes

Signature

Participant Signature (or Parent/Guardian if under 18)

Date: _____

Sign above

Date

(MM/DD/YYYY)

Printed Name of Parent/Guardian (if minor)