

## ASSUMPTION OF RISK AND RELEASE FORM

*THIS IS A RELEASE OF LEGAL RIGHTS – READ AND UNDERSTAND BEFORE SIGNING*

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Activity: IMPACT Retreat

I hereby agree as follows:

1. **Risks of Activity.** I understand that participation in the University of Central Missouri **IMPACT Retreat** involves risks. These risks include, but are not limited to, [traveling to and within, and returning from, campus; local medical and weather conditions....whatever risks special to the activity]. I have made my own investigation to accept these risks.
2. **Independent Activity.** I understand that the University is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any University-supervised activities. I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out of any such matters.
3. **Health and Safety.**
  - A. I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems, which preclude or restrict my participation in this Activity.
  - B. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Activity. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care during the Activity, the University is not responsible for the cost or quality of such treatment or care.
  - C. The University may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the University from any liability for any actions.
4. **Standards of Conduct.**
  - A. I will comply with the University's rules, standards and instructions for student behavior. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.

B. I agree that the University has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the Activity, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the University, the Activity, or other participants. I recognize that due to the circumstances of the Activity operations, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at the University do not apply. If I am expelled, I consent to being sent home at my own expense with no refund of fees.

5. **Activity Changes.** The University has the right to make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of the Activity. If I leave or am expelled from the Activity for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes.
6. **Assumption of Risk and Release of Claims.** Knowing the risks described above, and in consideration of being permitted to participate in the Activity, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Activity. To the maximum extent permitted by law, I release and indemnify the University, its officers, trustees, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Activity (including periods in transit to or from any state where the Activity is being conducted).

**I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.** This agreement shall become effective only upon receipt by the University at its offices in Warrensburg, Missouri and shall be governed by the laws of the state of Missouri, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Activity.

x \_\_\_\_\_

Signature of Student

Date

**Please provide emergency contact information:**

1.) \_\_\_\_\_  
Name phone # relationship

2.) \_\_\_\_\_  
Name phone # relationship