



Office of Service-Learning and Volunteer Programs | West Chester University
715 S. New Street | Lower Level | West Chester, PA 19383 | 610-436-3379 | www.wcupa.edu

Assumption of Risk Form

You have either been invited to participate in the Activity described below or the Activity is required or offered as part of a class in which you are enrolled.

[DESCRIBE THE ACTIVITY]

If you have a medical or physical condition that may affect your participation please communicate that condition in writing to _____ before the Activity begins.

You should be aware that even under the safest conditions possible, there is a risk of loss or damage to property or a risk of bodily injury. **THE UNIVERSITY DOES NOT ASSUME RESPONSIBILITY FOR ANY RISKS YOU MIGHT BE EXPOSED TO AS YOU PARTICIPATE IN THE ACTIVITY AND WILL DEFEND AGAINST ANY CLAIMS FOR WHICH IT CONCLUDES IT HAS NO LEGAL RESPONSIBILITY.**

If you are 18 years old or above please acknowledge that you have read and understand the statement above and assume the risks associated with the Activity.

☐ I understand and acknowledge the statements above.

Name: _____ Date: _____

Date of Birth: _____

If you are a minor (under the age of 18) do not acknowledge this statement. Have a parent or guardian acknowledge the statement below:

☐ I understand and acknowledge the statement above and grant permission for my child to participate.

Name: _____ Date: _____