



WPI

PARTICIPANT RELEASE FORM

Participant Information: Please print neatly with a ball point pen in blue or black ink.

Name of Participant: <i>Last, First, Middle</i>	D.O.B.:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
--	----------------	--

Address: *Street, City, State, Zip*

Emergency Contact:	Relationship to Participant:
---------------------------	-------------------------------------

Phone number where emergency contact may be reached:	Parent phone numbers: <i>Day:</i>
	<i>Evening:</i>

Release of Liability

The undersigned participant and his/her parent/legal guardian do hereby waive, release, absolve and forever discharge, and do further agree to indemnify and hold Worcester Polytechnic Institute (WPI), its employees, trustees, officers, volunteers and agents harmless from any and all claims, damages, losses and/or expenses arising out of participation in WPI activities. I/we assume all liability for any and all personal injury, bodily injury, illness or property damage that occurs as a result of participation in such activities. I/we also agree that we will not bring any lawsuits nor make any demands nor pursue any complaints against WPI as a result of his/her participation in WPI activities. Signature on this Release also warrants that participation in this activity is voluntary and that the participant and undersigned have read and understand the inherent risks involved in the activities. The participant understands that these risks exist despite the safety precautions and procedures implemented by WPI. The participant agrees to obey all rules and policies mandated by WPI personnel.

I/we the undersigned parent or guardian hereby give our consent to his/her participation in all WPI activities. The undersigned participant and his/her parent/legal guardian warrant that the participant is physically fit and able to participate in all activities without undue risk. There is and will be adequate health insurance coverage in force for the term of the participant's attendance. The undersigned further verifies that the health insurance covers any and all accidents, injuries or illnesses that may result from participation in WPI activities.

In addition, the participant and/or his/her parent/legal guardian give WPI and its representatives permission to provide emergency medical response and/or treatment as needed for any injury or illness that may occur while the participant is involved in WPI activities and agree to release WPI and its representatives from all liability arising out of such treatment.

Health Insurance Carrier: _____

Group/policy number: _____

Medical Conditions / Allergies / Physical Limitations or Restrictions

Please list any/all allergies or physical handicaps that the staff should be aware of (if none, please write NONE):

Parent/Legal Guardian Signature

Parent/Legal Guardian: *(Please print clearly)*

Parent/Legal Guardian: *Signature:* _____ *Date:* _____