



STUDENT LIABILITY RELEASE FORM

The undersigned *Worcester Polytechnic Institute* (“WPI”) Student shall indemnify and hold harmless WPI, its officers, trustees, employees, and agents from and against all claims, damages, losses, and expenses including, but not limited to, medical expenses, attorneys fees, and court awards arising out of or resulting from bodily injury, sickness, disease, death or injury as a result of the activity designated below. Any destruction, damage or disappearance of personal property in the possession of or owned by the Student as a result of participation in the activity designated below is the sole responsibility of the Student.

Signature of this form verifies that the Student has been made aware of and understands the potential, inherent dangers and risks involved in the activity designated below. As such, the Student agrees to abide by the standards of conduct expected while participating in the activity.

Signature of this form also verifies that the Student is covered by appropriate master medical insurance for injuries or illnesses resulting from participation in the designated activity and that the Student has verified that this coverage will extend to the location(s) of this activity and to all endemic diseases. The Student further understands that any deductible, co-payments and uncovered claims will be the sole responsibility of the WPI Student.

Designated Activity – Title or Description	Location of Activity	Date of Activity
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Participant’s PRINTED Name	Participant’s/Guardian’s Signature	Date
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Participants Cell Phone

MEDICAL RELEASE

Emergency Contact (or guardian if student is under 18 years of age): _____
Contact Number: _____

Allergies: _____

Medications: _____

Special Health Needs: _____

I, the undersigned, do hereby authorize Worcester Polytechnic Institute and its agents or representatives to consent, on my behalf, to any medical/hospital care treatment (including locations outside the U.S.) to be rendered upon the advice of any licensed physician during the dates of the activity above. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

I am eighteen (18) years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate (*If the participant is not eighteen (18) years of age or older, this release form must be also signed by a parent/guardian.)

Signature: _____ Date: _____, 20_____.