

STUDENT LIABILITY RELEASE FORM SPECIAL ACTIVITIES POLICY

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 WPI standards of conduct while participating in the activity. Signature of this release form confirms that the student’s participation in the designated activity is voluntary and not required by WPI

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.

Participant’s or Legal Guardian’s Signature

Date

DESIGNATED ACTIVITY

Designated Activity – Title or Description

Location of Activity

Dates of Activity