



# WPI

**RELEASE OF LIABILITY,  
ASSUMPTION OF RISK AND INDEMNIFICATION**

**Use of Treatment Room at WPI Student Health Services (SHS)**

I, \_\_\_\_\_ (student name) (the “Student”), request that as a courtesy to me, WPI Student Health Services (SHS) provide use of a treatment room at SHS, as follows (the “Treatment Room”):

- Dates/Times or Frequency: \_\_\_\_\_
- Treatment: \_\_\_\_\_  
\_\_\_\_\_
- Provider Name, Qualifications, MA License #: \_\_\_\_\_  
\_\_\_\_\_
- Medication stored at SHS pursuant to a signed “Request for Storage of Medication(s) at WPI Student Health Services (SHS)” dated: \_\_\_\_\_ (date)
- Other supplies provided by either the Student or the Provider, unless to be provided by WPI as follows:  
\_\_\_\_\_

In consideration of using a Treatment Room at SHS for the Treatment detailed above by the Provider named above, I understand, acknowledge, and agree to the following terms of this Release of Liability, Assumption of Risk and Indemnification (the “Release”):

1. WPI does not require me to obtain the Treatment by the Provider named above in a Treatment Room, but I desire to do so voluntarily, I understand that WPI is providing me a Treatment Room as a courtesy, and I acknowledge the potential dangers and risks of both the Treatment and the use of WPI’s Treatment Room.
2. I understand and acknowledge that I will only have access to a Treatment Room at SHS during the dates and times listed above and only during Academic Year: \_\_\_\_\_. Please note that SHS is closed during the academic term breaks, official WPI holidays, and for inclement weather. I further understand and acknowledge that I will not have access to a Treatment Room at SHS when SHS is closed.
3. I understand that WPI does not have the capability to provide and is not responsible for providing the Treatment to me. If the Provider named above is not present at the date and time designated for the Treatment, WPI will not and cannot provide me with the Treatment and I agree to seek medical attention from my own health care provider(s).
4. I agree that the Provider and I will follow all WPI SHS policies and protocols, WPI’s Student Code of Conduct, and any WPI, state, or federal guidance related to the Treatment while using a Treatment Room. I understand that if either the Provider or I fail to follow these policies, protocols, and guidance, my use of a Treatment Room will be immediately suspended, and I may be subject to consequences under WPI’s Student Code of Conduct.
5. On behalf of myself and the Provider, I will DEFEND, INDEMNIFY AND HOLD HARMLESS, and RELEASE WAIVE, DISCHARGE, AND COVENANT NOT TO SUE WPI, its affiliates, subsidiaries, trustees, officers, students, employees and agents, and their respective successors, heirs, and assigns (the “Related Parties”) from and against any and all liability, claims, demands, actions, or causes of action whatsoever arising out or related to any loss, damage, injury, or death that may be sustained by me or to any other individual, or to any property belonging to me or to any other individual, while using a Treatment Room at SHS for the Treatment detailed

