Waiver of Liability

Club/Organization_____

Date_____

Description of activity or trip (off-campus)_____

_____

By my signature below, I acknowledge the following:

- I am over 18 years of age and in good mental and physical health.*
- I understand that participation in this event is strictly voluntary and that I am under no obligation by the University of Arkansas – Fort Smith to participate and that my course grade will not be affected by not participating; also, the University has not pressured or otherwise coerced me into this agreement.
- I understand that participation involves certain inherent dangers and assume those risks and do release UA Fort Smith and its employees, both in their public and private capacity, from any and all liabilities, claims, suits, demands, or causes of action which may arise from my participation in this event.
- This release shall be binding upon my successors and heirs.
- UA Fort Smith does not provide any health or accident insurance coverage for me (other than vehicle policy), and I do not expect it to do so.

- If student is under 18 years of age, his or her parent or guardian must sign.

Name	Student ID	# Signature	Emergency Contact	Emergency Phone

Rev. 7/15/04