



SAMPLE

WAIVER OF LIABILITY AND RELEASE
CMU Department Name and Activity Here
Activity Date(s) Here

SAMPLE

I have been informed and fully realize there are dangers and risks to which I may be exposed while participating in name the planned activity here. These risks may include the possibility of slight or severe bodily injury, or death, from hazards including but not limited to (Note potential incidents related to the activity here, such as, slips or falls, traffic or other travel accidents), or other damage to my person, delay, or inconvenience, and/or damage to my property while participating in this planned activity. I understand that Central Michigan University does not require me to participate in this activity, but I want to do so, despite the possible risks and this Release.

I, therefore, freely, and voluntarily agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. I release Central Michigan University, its Board of Trustees, name of CMU Department here, employees, and agents from all liability, claims, and actions that may arise from injury or harm to me, from my death, or from damage to my property in connection with this activity. I understand that this Release covers liability, claims, and actions caused entirely or in part by any acts or failures to act of Central Michigan University, or any of its employees or agents, including but not limited to negligence, mistake, or failure to supervise. I understand that this Release does not apply to instances of intentional misconduct by a University employee or agent.

I know that if I become ill or injured while participating in this activity, I am responsible for my health care expenses and I have made arrangements to handle such expenses through insurance coverage, access to cash, or other methods.

I assume full responsibility for any and all claims and costs arising directly or indirectly from any of my activities, acts, or omissions while participating in this activity.

I further release Central Michigan University, its Board of Trustees, name of CMU Department here, employees or agents from liability for any claim of loss, injury, or damage to me or my property due to any act, omission, or negligence of parties not an agent or employee of Central Michigan University, including, but not limited to, owners or contractors providing accommodations or other services.

These releases are effective for me, my personal representative, assigns, and heirs. I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS, AND VOLUNTARILY SIGN THIS RELEASE.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE TO DEPARTMENT:

Signed originals should be retained by the Department for a period of three (3) years from event date per Michigan statute of limitations MCL 600.5805(10).

In the event of an accident/injury, please fill out an Accidental Personal Injury Report form (see http://www.cmich.edu/rm for copy of form) and send to Risk Management, Environmental Health & Safety at Motor pool 1303A West Campus Drive.

General Counsel and Risk Management recommend a line be added to your Waiver and Release for a parent/legal guardian signature authorizing their minor (under age 18) to participate in the planned activity/field trip.