THE COLLEGE OF
WOOSTER

Acknowledgement of Risk and Release of Liability

Group _____ Destination _____

Departure Date _____ Return Date _____

I voluntarily do elect to participate in the activity named above, and in affixing my signature to this sheet, I hereby specifically release The College of Wooster from all claims of liability of any sort or causes of action on my part. In addition, by signing this, I fully accept and acknowledge the responsibility for being at the stated departure location at the stated time for the return trip to the College and release The College of Wooster of all liability and repercussions in the event that I should fail to show for any reason.

- Whereas, I the undersigned, being 18 years of age or older and therefore an adult according to the laws of the State of Ohio, am a student registered for and desire to participate in a field experience as organized by The College of Wooster. Said experience will hereafter be referred to as "field trip;" and

- Whereas, I understand that the field trip will involve travel to and from the field trip location, as well as physical activities including but not limited to walking, and that such travel and activity carry certain inherent risks and dangers of bodily injury, death and loss of personal property; and

- Whereas, I acknowledge and accept the risks and dangers associated with the field trip and assume full responsibility for myself and my property during the field trip and while traveling to and from the field trip site; and

- Whereas, I certify that my health and physical condition are adequate to meet the physical requirements of the field trip.

Now, therefore, I agree to hold the administrators and personnel of the various areas connected to this field trip, The College of Wooster, the Board of Trustees, officers and employees harmless for any direct, indirect, special or consequential damages which I may incur or be held liable for as a result of my participation in this field trip, except to the extent that such damages are due to negligence of any of the aforesaid persons or entities.

I have read the above terms of the Acknowledgement of Risk and Release of Liability, and I understand and agree to the terms and conditions. This acknowledgement/release shall be binding upon any heirs, administrators, executors and assigns of the undersigned.

Name (Printed) _____ Signature _____ Date _____

Cell Phone Number _____