## WINTHROP UNIVERSITY ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION

I,	, and the	undersigned, in full recogn	ition and
(Print or Type Name)			
appreciation of the hazards	and exposures invo	lved do hereby voluntarily a	agree to assume
all of the risks and respons	ibilities involving m	y voluntary participation in	
-	_		
	(Program or	Event)	
scheduled from			, 2,
	(Month(s)/l	Date(s)	
or any dependent research	or activities underta	ken as an adjunct thereto; ar	nd, further, I do
		ve(s) hereby defend, hold ha	
indemnify and release and	forever discharge W	inthrop University and all i	ts officers,
<u> </u>	_	ainst any and all claims, den	
		ount of damage to personal	
personal injury, or death w			property, or
personal injury, or death w	men may result from	in my participation.	
I confirm that I have healt	h and accident incur	ance in effect for the inclusi	we dates of my
		for me by Winthrop Univer	•
participation and no such c	overage is provided	for the by windhop Chiver	Sity.
Thousand and areassted th	.i. do	. 11 language de la gionific	Tu
		all knowledge of its signification	
		I indemnification agreement	
	(Mon	, 2	•
(Today's Date)	(Mon	in)	
(Student/Intern/Volunteer	(Date)	(Witness Signature)	(Date)
Signature)	,	`	, ,
If Student/Intern/Volunte	eer is under the age	e of eighteen (18):	
(Parent or Guardian	(Date)	(Witness Signature)	(Date)
Signature)			
(Parent or Guardian	(Date)		
Signature)	(Date)		
If Student/Intern/Volunte	eer is married:		
and the state of t	or is inmitted.		
(Spouse)	(Date)	(Witness Signature)	(Date)
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