



# VCU Conference and Scheduling Services

## PARTICIPANT WAIVER OF LIABILITY AND RELEASE (Read carefully before signing)

I, \_\_\_\_\_, hereby acknowledge that voluntary participation in

Event Name: \_\_\_\_\_

Location: Dates: \_\_\_\_\_

involves potential risk of personal injury and the undersigned assumes all such risk. The undersigned hereby agrees that for and in consideration of Virginia Commonwealth University (herein after VCU) allowing the undersigned to participate in this activity which or in connection with which the University has made available any funding, equipment, facilities or personnel for such programs, the undersigned does hereby release and forever discharge VCU and VCU Conference and Scheduling Services any claims, demands, rights of any and all known or unknown, foreseen and unforeseen, bodily and personal injuries, damage to property, and the consequence thereof, resulting from my participation in or my connection with this program and/or event. Further, I understand, as a participant in this activity, that the University does not carry/provide any health and/or medical or accident insurance coverage for me. Further, I understand that this release and waiver of liability shall be effective during my participation and during travel to and from the event scheduled.

**IT IS THE INTENTION OF THE UNDERSIGNED TO EXEMPT AND RELIEVE VCU AND ASSOCIATED PARTIES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.**

By signing this Waiver of Liability and Release, I acknowledge that I have read this document; I fully understand it and agree to its terms and conditions.

IN WITNESS THEREOF, I have signed this on: Date: \_\_\_\_\_

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

Student ID-V#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Parent/Guardian if under the age of 18: \_\_\_\_\_

Emergency Contact Information (the person we should contact on your behalf.

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

Phone Number: \_\_\_\_\_

Copies provided to the student and sponsor upon request



# VCU Office of Continuing and Professional Education

VIRGINIA COMMONWEALTH UNIVERSITY

## Model release | Permission to record

**Date:** \_\_\_\_\_

**Photographer/videographer:** \_\_\_\_\_

**For:** VCU and/or VCU Office of Continuing and Professional Education promotion

**Project/news story:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**If model is a minor,  
name of parent/legal guardian:**

I hereby give permission to record my image and/or voice and grant Virginia Commonwealth University and the VCU Office of Continuing and Professional Education perpetual and irrevocable rights to these sound, still or moving images in any medium — including, but not limited to, publications, video projects, websites, social media, and other media — for educational, promotional, advertising or any other purposes that, in the sole discretion of VCU and/or the VCU Office of Continuing and Professional Education, support the mission of the university and our office.

I understand that signing this release does not guarantee publication, and I hereby waive the right to inspect or approve my image and/or voice recording. I also understand and agree that I will not receive compensation, now or in the future, in connection with the use of my image and I waive any claim or entitlement to any such compensation.

I hereby release VCU and the VCU Office of Continuing and Professional Education from any and all liability and responsibility for incidents arising from the use of the image or audio recording, including, but not limited to, all claims for libel and invasion of privacy.

**Signature of consentor:** \_\_\_\_\_

**If model is a minor,  
signature of parent/legal guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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### Additional student information

**Course/program:** \_\_\_\_\_

**Yes**, contact me for a testimonial or other photo/video opportunities.

**Cell phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_



# VCU Conference and Scheduling Services

## MEDICAL WAIVER

I give permission for \_\_\_\_\_, attendee at \_\_\_\_\_, located on Virginia Commonwealth University's campus, to receive medical and emergency care while on campus and to be treated by a physician or other appropriate medical personnel in a manner he/she thinks is appropriate, in case of a medical emergency and/or a problem. I understand that I am responsible for the payment of all medical and emergency services rendered. If the participant is under 18, the parent/guardian agrees that emergency medical staff and VCU staff may take appropriate action in the child's best interest, in the event of an emergency, in which a parent/guardian cannot be contacted

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Name of Participant

Signature of Participant

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Name of Parent/Guardian (if under 18)

Signature of Parent/Guardian (if under 18)