



VCU

Office of Continuing and Professional Education

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PARTICIPANT WAIVER OF LIABILITY AND RELEASE and MEDICAL WAIVER

I, _____, hereby acknowledge that voluntary participation in
Participant Name

Event Name: _____

Dates: _____ Location: _____

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 VCU has made available any funding, equipment, facilities or personnel for such events and/or programs, the undersigned does hereby release and forever discharge VCU, VCU Office of Continuing and Professional Education and any organization partnering with VCU for the delivery of this event and/or program, 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 event and/or program. Further, I understand, as a participant in this event and/or program, that VCU 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 and/or program 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 Participant Waiver of Liability and Release, I acknowledge that I have read this document; I fully understand it and agree to its terms and conditions.**

MEDICAL WAIVER: I also give permission for the above named participant to receive medical and emergency care while attending this event 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 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 individual's best interest, in the event of an emergency, in which a parent/guardian cannot be contacted.

IN WITNESS THEREOF, I have signed this on **Date:** _____

SIGNATURE: _____ **PRINT NAME:** _____

DATE OF BIRTH: _____

SIGNATURE OF PARENT/GUARDIAN (if under 18): _____

Participant Allergies or Other Information: _____

Emergency Contact Name: _____

Emergency Contact Relationship to Participant: _____

Emergency Contact Phone Number: _____

Home

Cell

Work

Emergency Contact Email: _____