

Waiver of Liability and Assumption of Risk

THIS IS A LEGALLY BINDING RELEASE, WAIVER, INDEMNIFICATION OF LIABILITY, AND EXPRESS ASSUMPTION OF RISK.

Please fill out the following form to confirm whether or not you will participate in a class activity/exercise that may present a safety risk causing emotional and/or physical distress.

COURSE CODE/TITLE: _____

INSTRUCTOR: _____

DESCRIPTION OF CLASS ACTIVITY/EXERCISE (details provided by instructor):

Please select ONE of the options below:

- I accept full responsibility to participate in this class activity/exercise with the acknowledgement that it could possibly present a safety risk causing emotional and/or physical distress.
- I do NOT accept to participate in the activity/exercise for reasons of possible emotional or physical harm and agree to complete a make-up assignment determined by the instructor.

Please provide the reason(s) for not accepting to participate:

(Permission to be excused from the class will be granted upon discussion with the instructor)

I hereby affirm that I have read this document in its entirety. By my signature below I agree to the terms and conditions of this document.

Student Information *Required Field

*First Name: _____ *Last Name: _____

*Student ID: _____

*Phone Number: _____ *E-mail Address: _____