

## INFORMED CONSENT STATEMENT AND RELEASE

In consideration of being allowed to participate in the **"Ram Camp" Fall Leadership Retreat to be held at West Chester University of Pennsylvania , from Friday, September 10, 2010 through Saturday September 11, 2010, (Activity")**, a recognized event by West Chester University. ("WCU"), I, as Participant, affirm that I am aware of the nature of the event which includes any and all Ram Camp activities, and recognize that I am assuming any risk known or unknown resulting from participation in this Activity. I understand and agree on behalf of myself, my heirs, executors and assigns to release and save WCU, and the Commonwealth of Pennsylvania along with their employees, agents and directors (collectively "Releasees") harmless from any and all claims, liabilities, costs, expenses, injury and /or death, which in any way may arise from or be caused by participation in this Activity.

I further understand that participation in this Activity is at my sole risk and that the Releasees make no claims to the contrary. It is the purpose of this Agreement to exempt, waive and relieve Releasees from liability for personal injury, property damage, and wrongful death caused by negligence, including the negligence, if any, of Releasees. I further agree that while riding in ground transportation, I will be bound by all orders, rules and regulations of the university and the ground transportation company.

I and/or my parent/guardian agree to indemnify, defend, and save harmless Releasees from any and all claims or causes of action by whomever or wherever made or presented for my personal injuries, property damage or wrongful death.

I and/or my parent/guardian acknowledge that we have been provided with and have read the above paragraphs and have not relied upon any representations of Releasees.

I and/or my parent/guardian understand and have read this Informed Consent Statement and Release and all of its terms. This Consent and Release is executed voluntarily, intending to be legally bound hereby, and with full knowledge of its significance.

Participant Signature: \_\_\_\_\_ ID#: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Age: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Are you covered by health/accident insurance? \_\_\_\_\_

Name of Insurance and Policy #: \_\_\_\_\_

Parent(s)/Guardian(s) Signature (if under 18): \_\_\_\_\_