

Please Print:  
LAST Name \_\_\_\_\_  
FIRST Name \_\_\_\_\_  
CWU ID# \_\_\_\_\_

**KCWU CAMPUS RADIO DEPARTMENT  
ASSUMPTION OF RISK AND RELEASE OF CLAIMS (Student Appreciation)**

I hereby acknowledge that I have voluntarily chosen to use the facilities and participate in the sanctioned activities of the KCWU Campus Radio Department in connection with Student Appreciation Days (hereinafter "program" or "program activities").

**A. ASSUMPTION OF RISK**

I understand that my participation in program activities may involve foreseeable as well as unforeseeable risks to my health, safety, or property, including the risk of serious injury, including brain injury, or even death. I acknowledge that some of the risks of participating in the program include all those risks inherent in or incidental to activities such as dancing, including but not limited to falls, equipment failure, muscle soreness, physical fatigue, ligament or muscle damage, broken bones and/or dislocated appendages, concussion, paralysis, and other temporary or permanent bodily injuries whether minor or severe. I further acknowledge that the risks of participating in program activities include the risk of exposure to communicable diseases, including but not limited to the COVID-19 coronavirus. I acknowledge and voluntarily assume the risks of participating in the program, whether such risks result from my own acts or omissions, the acts or omissions of others, or otherwise.

I further understand and agree that it is my responsibility to abide by university policies or rules relating to my participation in the program activities. I understand and agree that I am solely responsible for determining my ability to participate in the program and for notifying KCWU Campus Radio Department staff of any medical or other health condition that would limit my ability to participate safely. I understand and agree that CWU and its staff cannot guarantee or insure my health or safety and that it is my responsibility to obtain any appropriate insurance coverage and to pay any medical or other expenses relating to my participation in the program.

**B. RELEASE OF CLAIMS**

As a condition of my being permitted to participate in the above described program, and for and in consideration of the services provided by CWU through its KCWU Campus Radio Department, I hereby waive and release any claims that I or my estate may have against CWU or its trustees, officers, employees, volunteers, or agents based on any loss, injury (including death), or damage that I may sustain to my person or property (or both) arising from, in connection with, or incidental to my participation in the program, whether such loss, injury, or damage is caused by my own acts or omissions, the acts or omissions of others, or otherwise. If I am signing as a parent or legal guardian of a participant under age 18, in addition to acknowledging and accepting the risks described in the foregoing Assumption of Risk, I hereby waive and release any claims that I or we may have against CWU as stated in the foregoing Release of Claims. I/we further understand and agree that the foregoing Assumption of Risk and Release of Claims is intended to be enforceable to the fullest extent permitted by the laws of the State of Washington.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student: YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, Year-in School \_\_\_\_\_.

I have read and understand this Assumption of Risk and Release of Claims.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If under the age of 18:** (see reverse)

Parent's Name (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

If the participant is under the age of 18, this Assumption of Risk and Release of Claims must be signed by a parent or guardian and delivered or emailed to the KCWU General Manager (Tommy.Skaggs@cwu.edu). Forms can be picked up at KCWU.