WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

This is a legal document which includes a release of liability. Read it carefully before signing it.

In consideration of being allowed to participate in one or more of the following WCU and/or Summer Programs sponsored activities, trips, or events: Class field trips, Service Learning projects and events; Intramural program(s); Cookouts; Residential and other on-campus programs; Local outings (recreation and sites of interest); Whitewater River Rafting; Tubing; Bowling; Skating; Sporting Events, Fireworks Events; Hiking & Visiting Waterfalls; Swimming & Tubing; Trips and events sponsored by Campus Activities; or other activities or events as scheduled or conducted by WCU faculty or staff (“the activity”), I hereby release, hold harmless, and forever discharge the State of North Carolina, the Board of Governors of the University of North Carolina, the Board of Trustees of Western Carolina University, its auxiliary organizations, and the officers, directors, employees and agents of all of them, all of which are collectively hereinafter referred to as the “Releases,” arising out of my participation in the activity and hereby release, hold harmless, and discharge the State from all liability in connection therewith.

Knowing, understanding, and fully appreciating all possible risks, I hereby expressly, voluntarily, and willingly assume all risks and dangers associated with my participation in the activity.

I have read this waiver and release and understand the terms used herein and their legal significance. This waiver and release is freely and voluntarily given with understanding that right to legal recourse against the Releasees is knowingly given up in return for allowing my participation in the activity.

My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators and assigns.

Student Full Name (print): ________________________________

Student’s Cell Phone: ________________________________

Student Signature ________________________________ Date _____________

Parent (or Legal Guardian) Name (print), if student is under 18: ________________________________

Parent (or Legal Guardian) Signature, if student is under 18: ________________________________ Date _____________

Emergency Contact Information: (Please list a contact in case of emergency)

Contact’s Name (print): ________________________________ Relationship to Student: ________________

Contact’s Phone (please identify cell, work, etc.): ________________________________

Authorization for Medical Treatment (Parent or Legal Guardian must sign, if student is under 18):

In the event of injury or illness, I give permission for my son/daughter (circle one) to receive medical attention.

Parent (or Guardian) Name (print), if student is under 18: ________________________________

Parent (or Guardian) Signature, if student is under 18: ________________________________ Date _____________

Please complete and return to:
First Year Experience - 137 Killian Annex – Western Carolina University - Cullowhee – NC - 28723