

## ASSUMPTION FOR RISK AND RELEASE FOR OFF CAMPUS ACTIVITIES

I, the undersigned, accept my participation in this program/activity and understand that I am accountable for all associated fees. I acknowledge that an official hold may be placed on my records until all financial responsibilities are fulfilled. I acknowledge that I am responsible for my personal conduct and that I can be dismissed from the program for violation of program rules.

**Please read carefully and sign below. *Return to your program coordinator at GVSU.***

1. **PERSONAL CONDUCT.** Grand Valley State University, through its official representatives, including, but not limited to, a Program Director, has the authority to establish rules of conduct necessary for the activity during the entire period, including free time. The illegal use of drugs and/or alcohol during the entire period of the program, including free time is strictly prohibited. Should an official representative of GVSU decide that a participant must be dismissed from the program because of violation of any stated rules, for disruptive behavior, or for any conduct that might bring the program into disrepute or its participants into legal jeopardy, that decision will be final. *Dismissal from the activity will result in the loss of all academic credit. Persons dismissed will remain responsible for all program costs incurred on their behalf and any additional costs resulting from their dismissal and early departure.*
2. **ORIENTATION.** I understand that I am required to attend all orientations and pre-departure meetings. It is my responsibility to make arrangements to attend these meetings.
3. **INSURANCE COVERAGE.** I understand that the University will not provide you with health, accident, and hospitalization insurance during my participation in this activity and I will be responsible for all expenses incurred in the event of an accident or injury.
4. **MEDICAL TREATMENT.** In the event of illness or injury to me to such an extent that I am unable to make decisions relative to my immediate medical condition, I authorize any official representative of GVSU to secure medical treatment on my behalf, including surgery and the administration of an anesthetic, and I accept all financial responsibility for such treatment.
5. **RESPONSIBILITY DURING FREE TIME.** I understand that during free time within the period of this activity, I may elect to do things independently at my own risk and expense. I agree to inform an official representative of GVSU of my plans and understand that neither GVSU nor its official representatives are responsible for me while I am acting independently during such free time.
6. **THEFT AND OTHER CRIMES.** I agree to release GVSU and its official representatives from any liability for damage to or loss of my possessions, injury, illness, or death arising out of intentional acts of third parties during the period of the program.
7. **TRAVEL.** I understand that I may be traveling during the program by various modes of transportation including but not limited to airplane, train, bus or van, and I release GVSU and its official representatives from any responsibility for loss of property, injury or death during such travel.
8. **WITHDRAWAL.** I understand that I will be held accountable for the entire cost of the activity. In the event that I notify the instructor in writing of my intent to cancel my participation or withdraw for reasons beyond my control, I understand that I may forfeit any non-refundable deposit I will remain responsible for all unrecoverable program costs incurred on my behalf.
9. **GENERAL RELEASE AND WAIVER.** In consideration of participating in this activity through Grand Valley State University, I the undersigned, in full recognition and appreciation of the dangers and hazards inherent in traveling and to which I may be exposed during my enrollment and/or participation in this activity/program, do hereby agree to assume all the risks and responsibilities surrounding my participation in the program identified below or any independent activities undertaken as an adjunct thereto; and, further, I do for myself, my heirs, and personal representative(s) hereby defend, hold harmless, indemnify, and release, and forever discharge all its officers, agents and employees from and against any and all claims, demands, and actions, or causes of action, on account of damage to personal property, or personal injury or death which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of Grand Valley State University, its officer, agents or employees, during the period of my participation as aforesaid.

In addition, I understand that any claims, actions, or causes of action related to the Program against the University or its Board of Control, officers, employees, students, representatives, agents, or contractors be determined pursuant to the law of the state of Michigan and that sole and exclusive jurisdiction shall be the courts of the state of Michigan.

I have read this release, thoroughly understand it, and have asked questions if I did not understand it. My signature below indicates my complete and willful consent.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Program Name

\_\_\_\_\_  
Semester(s) of Participation

If the above-signed is not of legal age at the date of signing, this form must be signed by the participant's parent or legal guardian below.

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date