



Assumption of Risk and Release for the 2019 Pharmacy Summer Camp at Western New England University

2019 Golden Bear Pharmacy Summer Camp

Supported by the WNE
Alumni Association.

I, the undersigned participant, who am at least 18 years of age, or (if under 18 will have a Parent/Guardian sign on my behalf), desire to participate in the 2019 Pharmacy Summer Camp to be held at Western New England University (hereinafter "Activity"), on Monday, June 24, 2019, thru Friday, June 28, 2019.

This Activity consists of walking, programming, and other camp-related activities. I realize that this Activity is potentially hazardous. I should not engage in the Activity unless I am alert and observant, which I represent myself to be. I assume any and all risks associated with the Activity including, but not limited to, falls, personal injury, collision with other persons, the effects of weather, all such risks being known and appreciated by me.

I attest that I am sufficiently physically fit to participate in this Activity and understand the possible risks of being permitted to participate in the Activity described above.

I do hereby affirm that I have adequate medical insurance to cover any injuries that may result from my participation in this Activity.

I, for myself and my personal representatives, heirs, and assigns, do hereby hold harmless and release, waive, and forever discharge Western New England University, its successors, assigns, and other legal representatives, and its officers, trustees, agents, employees and students from, and against, any and all claims, demands and actions, or causes of action, on account of any damage to my personal property, personal injury, or death which may result from my participation in this Activity, even though the claim or liability may arise out of the negligence or carelessness on the part of the University, or any third person, whether foreseen or unforeseen, known or unknown.

I hereby expressly agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the State of Massachusetts, and that if any portion hereof is held invalid, it is agreed that the balance, notwithstanding, continues in full legal force and effect.

I further state that I have carefully read the foregoing release and waiver of liability, know the contents thereof, and agree to sign this release and waiver of liability as my own free act and deed.

I also declare that I will take all necessary and/or recommended precautions to ensure my own person against physical and /or mental injury and property loss or damage. This includes, but is not limited to, following printed or verbal instructions given by the Activity leader(s).

I further declare that I assume responsibility for my actions or behaviors and will abide by all University requirements for participants, common sense, or the instructions I receive from Activity leader(s) either before or during this Activity.

Participants Printed Name: _____

Participants Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Mail or email form to:

Susan Woods
Admissions Counselor
College of Pharmacy and
Health Sciences
Western New England University
1215 Wilbraham Road
Springfield, MA 01119
susan.woods@wne.edu
Phone: **413-796-2528**