

WINTHROP UNIVERSITY
ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION

Note: To complete and sign this form, please download the PDF and open it in Adobe Acrobat Reader. Some browser-based PDF viewers may not display signature fields correctly.

I, _____, and the undersigned, in full recognition and
(Print or Type Name)
appreciation of the hazards and exposures involved do hereby voluntarily agree to
assume all of the risks and responsibilities involving my voluntary participation in

_____ (Program or Event)
scheduled from _____ to _____
(Start Date) (End Date)
or any dependent research or 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 Winthrop University and all its officers,
agents, employees and volunteers from and against any and all claims, demands, and
actions, or causes of actions of any sort on account of damage to personal property, or
personal injury, or death which may result from my participation.

I confirm that I have health and accident insurance in effect for the inclusive dates of my
participation and no such coverage is provided for me by Winthrop University.

I have read and executed this document with full knowledge of its significance. In
witness whereof, I have caused this release and indemnification agreement to be executed
this date

(Today's Date)

Student/Intern/Volunteer Signature

(Date)

(Witness Signature)

If Student/Intern/Volunteer is under the age of eighteen (18):

(Parent or Guardian
Signature)

(Date)

(Witness Signature)

(Date)

(Parent or Guardian
Signature)

(Date)

If Student/Intern/Volunteer is married:

(Spouse)

(Date)

(Witness Signature)

(Date)