

**STATEMENT OF PERSONAL RESPONSIBILITY & RELEASE REGARDING PARTICIPATION IN
WASHINGTON UNIVERSITY COMMUNITY SERVICE TRIP
(for students aged 18 or older only)**

1. I wish to participate in a University Service Project entitled: _____ (“Service Project”) on _____ (date(s)) at _____ (location), organized by _____. I understand that I am not required to participate in this Service Project, but am voluntarily doing so, despite the potential dangers and risks (as described below) and despite this Release.
2. I understand and appreciate the dangers, hazards and risks inherent to the Service Project, including but not limited to transportation to, from, and around the Service Project area; natural disasters; inclement weather; heat exposure; riots; dangers associated with construction areas and environmentally unsound areas; accidents; illnesses; crimes; risks and any risks associated with independent activities I undertake as an adjunct to the Service Project, all of which could include serious or even fatal injuries or property damage or loss. I also understand that I may visit culturally diverse and/or environmentally unsound areas in connection with the Service Project where I may encounter unwelcome activity, uncomfortable or potentially dangerous conditions and I agree to conduct myself in a respectful and safe manner. I further understand that the University, including the individuals acting on its behalf, cannot and does not assume responsibility for such events or personal injuries or property damage arising there from.
3. Knowing the dangers, hazards and risks of the Service Project, and in consideration of being permitted to participate in it, on behalf of myself, my family, heirs, and personal representative(s), I agree to assume all the risks and responsibilities surrounding my participation in the Service Project and, in advance, release, waive, forever discharge, and covenant not to sue the University, its governing board, officers, agents, employees, students, and volunteers (collectively, the “Releasees”) from and against any and all liability for any harm, damage, claim, demand, action, cause of action, cost or expense of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage or injury, including but not limited to physical injury, suffering or death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees with regard to the Service Project. It is my express intent that this Release shall be deemed a release, waiver, discharge and covenant not to sue the Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my family arising out of my participation in the Service Project.
4. I understand that I am expected to behave in a manner consistent with the Washington University Judicial Code, the Washington University Drug and Alcohol Policy, and all other applicable University policies. I understand that the use or possession of any illegal drugs, including marijuana, can have very grave consequences, including arrest and imprisonment. I know that I am subject to local law and agree to obey all laws and ordinances of jurisdictions where I may be during my participation in the Service Project. I understand that smoking is not permitted on buses, in living areas, in indoor meeting places or during work or program times. I understand that if I do not behave in accordance with policy and law I may be asked to leave the Service Project and will be responsible for all personal expense thereafter, including return transportation.
5. I am aware of my own personal medical needs and state that there are no health-related reasons or problems that preclude or restrict my ability to participate safely in the Service Project. I acknowledge I am individually responsible to obtain all necessary vaccinations recommended by the applicable health department for undertaking any relief activities. I acknowledge that it may be very advisable to consult my physician prior to participating in the Service Project. I assume all risk and responsibility for my medical needs, and understand and agree that if I must be hospitalized or otherwise receive medical care; the University cannot and does not assume legal responsibility for payment of such costs. I hereby grant permission to the Releasees to authorize emergency medical treatment for me, and understand and agree that neither the University nor any of the other Releasees assume any responsibility for any injury or damage that may arise out of or in connection with such authorization.
6. I warrant that I am at least eighteen (18) years of age and fully competent to sign this Release; that I understand the terms contained herein are contractual and not a mere recital; that I have read this Release with full knowledge of its significance; and that I have signed this Release as my own free act.
7. I agree that this Release shall be construed in accordance with the laws of the State of Missouri. If any term provision of this Release shall be held unenforceable, illegal, or in conflict with any governing law, the validity of the remaining portions shall not otherwise be affected.

THIS IS A RELEASE OF LEGAL RIGHTS.

READ IT AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

ACCEPTED AND AGREED:

(Signature)

(Printed Name)

(Date)

(Signature of Parent/Guardian if Participant under age 18)

(Printed Name of Parent/Guardian)

(Date)