

**RELEASE OF LIABILITY AND  
ASSUMPTION OF RISK  
2014 OPEN HOUSE**

I, \_\_\_\_\_ (admitted student) and \_\_\_\_\_ ,  
my parent or legal guardian if I am not 18 years of age or older, hereby execute this  
Release of Liability and Assumption of Risk in favor of Wayne State University (WSU).

Participation in the Trip

I wish to participate in the 2014 Open House being held on October 10 and 11, 2014 on  
the WSU campus in Detroit, Michigan. I understand that all participating prospective  
students will be staying in dorms on the WSU campus and will be housed with another  
participant

I understand that I am not required, as a condition of my acceptance or otherwise, to  
participate in this trip and that my participation has no bearing on my admittance or  
enrollment at WSU. My participation is completely voluntary.

Waiver of WSU Liability for Dangers and Risks

I understand that the Open House involves an overnight stay on the WSU campus. And  
while on campus, the students will attend various presentations and go on walking tours  
of the campus. I understand the inherent risks in participating in the admitted student  
events.

In consideration of being permitted to participate in the trip and in full recognition and  
appreciation of the potential dangers and hazards inherent in the trip, I agree to assume all  
responsibilities and risks surrounding my participation in the trip. I hereby release, hold  
harmless and forever discharge WSU and its officers, agents and employees  
("Releasees"), from and against any and all claims, demands, and causes of action against  
Releasees of whatsoever kind or nature, either in law or in equity, based in whole or in  
part on any bodily injury or personal injury, death and/or property damage known or  
unknown, arising out of or related to Releasor's attending or participating in the trip.

Responsibility for Medical Needs

There are no health-related reasons or problems that preclude or restrict my participation  
in this trip. Further, I am aware of all of my applicable personal medical needs and have  
arranged for adequate hospitalization insurance to meet any and all of my needs for  
payment of hospital costs while undertaking this trip. I agree that WSU cannot be, and is  
not, responsible for attending to any of my medical or medication needs, and I assume all  
risk and responsibility therefore. If I am required to be hospitalized during this trip, WSU  
cannot and does not assume any legal responsibility for payment of such costs.

Reservation of Rights

I acknowledge that WSU reserves the following rights that it may exercise in its sole discretion: (1) the right to cancel the trip; (2) the right to make alterations, changes and modifications in any part of the trip itinerary and the activities in connection therewith.

Acceptable Conduct

I am aware that as a guest of WSU and during any transportation to and from the WSU campus, there is certain behavior that is unacceptable and could lead to disruption of my participation in this trip. I assure WSU that I will act in an appropriate manner at all relevant times and in full accordance with the Student Code of Conduct.

This release contains the entire agreement between Releasor and Releasees as to its subject matter. I have carefully read this release, understand its contents and sign this release freely and voluntarily.

\_\_\_\_\_  
Student Signature

Date: \_\_\_\_\_

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

\_\_\_\_\_  
Parent Signature (if student is a minor)

Date: \_\_\_\_\_

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