Washington University in St. Louis

Summer Experiences
Reservation Form/Liability Waiver and Release

Student Name: _____
preferred first name and last name

Program Attending: _____

Student T-shirt size (all adult sizes): □ Small □ Medium □ Large □ X-Large □ XX-Large

Method of payment for $500 nonrefundable deposit:

□ Enclosed Check or Money Order (payable to "Washington University in St. Louis")

□ Major credit card (to pay by credit card, go to **summerexperiences.wustl.edu/payment**)
Date of online payment: _____

Liability Waiver and Release:

In consideration for my child's voluntary participation in the educational experience provided by Washington University in St. Louis ("University") described below, I, the undersigned, on behalf of my child and myself, agree as follows:

Permission: I grant permission for my child (*child's full name*) _____ to participate in the Summer Experiences Program ("Program"), including travel and field trips, offered by University during the summer of 2019. I understand that some of these activities may include bus, light rail, or automobile transportation, and give permission for my child to be transported as necessary.

Assumption of Risks: I am fully aware that the Program, and its activities, involves foreseeable and unforeseeable risks and hazards. I am voluntarily allowing my child to participate in the Program and its activities. I further understand that the University, including the individuals acting on its behalf, cannot and do not assume responsibility for such events or personal injuries or property damage arising there from. I, on behalf of my child and myself, voluntarily assume responsibility for any risks of property damage or personal injury, including death, that my child may suffer as a result of my child participating in the Program and its activities or while traveling to and from Program locations and sites; and further I, on behalf of my child and myself, hereby release, and forever discharge the University and its respective staff, officers, agents, employees, volunteers, representatives, successors and assigns ("Released Parties") of and from all rights and claims for damages, injury, or loss to person or property ("Claims") resulting from my child's participation in the Program whether or not damages, injury, or loss is due to negligence or fault of the Released Parties.

Indemnification: I agree to indemnify and defend the Released Parties against, and hold harmless from, any and all Claims, including attorney's fees, which in any way arise from my child's participation in the Program, including any liability arising from the act or negligent act of the Released Parties, my child, or anyone else.

University/Program Rules & Regulations: I understand that my child will be subject to the rules and regulations of the University, the Program, and University Residential Housing.

Media Release: I, the undersigned, hereby irrevocably grant permission to the University to photograph, film, reproduce, transcribe, or otherwise record and use (including release, publish, quote, or broadcast) my child's image and/or voice in connection with the Program. Additionally, I hereby authorize the University, to release, publish, broadcast or quote such material, including my child's first name, and any program-related material my child may create (including photographs and writings).With respect to this material, I understand that content may be included in future speeches, on the Internet, and through multiple broadcast channels and print media, but that such content will not be used for commercial purposes. I understand that neither I nor my child will receive monetary compensation in exchange for use of products that include such material.

Acknowledgement: I certify that I am the parent or legal guardian of the above-named child, that I have read this document, and that I am relying wholly upon my own judgment about the risk of injury to my child by my child's participation in the Program. I am over the age of 18 and am voluntarily signing this agreement as my own free act fully intending to be legally bound by it.

_____	_____	_____
Printed name of parent or guardian	*Signature of parent or guardian*	*Date*