

**WRIGHT STATE UNIVERSITY  
INFORMED CONSENT, VOLUNTARY WAIVER, RELEASE OF LIABILITY  
& ASSUMPTION OF RISKS FORM  
University Center for International Education**

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED BY PARENT/GUARDIAN OF MINOR STUDENT UNDER 18 YEARS OF AGE BEFORE PERMISSION TO REGISTER FOR CLASSES WILL BE GRANTED.

**STUDENT INFORMATION**

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Street Address of Parent(s)/Guardian(s)  
\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_

In consideration for permission to attend classes and participate in activities at Wright State University (WSU), I/we, the undersigned as parent(s) or guardian(s) of the student hereby agree as follows:

I/we understand that participation in these classes and activities could involve risk of physical injury, illness, disability, death or property loss, that accompany the day to day attendance at classes and participation in campus activities, and despite safety precautions, WSU cannot guarantee safety thereof, as all risks cannot be predicted. WSU does not provide health and accident insurance for students, and I/we understand that any medical expenses, property loss, or other personal expenditures that occur during or as a result of this activity, are to be borne by the student, or by the parent or guardian (if student is a minor). I/we also hereby consent, give authorization to, and release from liability WSU faculty, staff, and activity leaders who obtain emergency medical treatment in the event of accident or serious illness.

I/we further acknowledge that if my child drives his or her own vehicle, or is a passenger in another's private vehicle in connection with these classes or activities, WSU's insurance does not cover such a private vehicle. I/we also understand that WSU cannot be responsible for assuring the safety and reliability of such private transportation or driver, nor for any non-sponsored activities and travel that my child might choose to participate in before, during or after any

university sponsored function, and I/we therefore accept the risks and responsibilities associated with such private vehicle travel and activities.

In consideration of the opportunity afforded, and with full understanding of the above issues/conditions and risks, I/we hereby release, indemnify and hold harmless the State of Ohio, Wright State University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Activity Staff, and all other officers, directors, employees, volunteers and agents from any and all liability, actions, debts, claims, and demands of any and every kind whatsoever, specifically including but not limited to any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer or for which my Child may be liable that may or does arise out of or relate to my/our Child's attendance at WSU. I further understand and agree that WSU is not responsible for my Child's personal property.

This RELEASE shall be governed by and construed under the laws of the State of Ohio, USA without regard to any choice of laws or conflict of law provisions.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I/we have provided is disclosed accurately and truthfully. I/We have been given ample opportunity to read this document and I/we understand and agree to all of its terms and conditions. I/We understand that I am/we are giving up substantial rights (including my/our right to sue), and acknowledge that I am/we are signing this document freely and voluntarily, and intend by my/our signature(s) to provide a complete and unconditional release of all liability to the greatest extent allowed by law.

My/Our signature(s) on this document is/are intended to bind not only myself/ourselves but also my successors, heirs, representatives, administrators, and assigns.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Date