

Western Kentucky University
Release and Waiver of Liability and Assumption of Risk Agreement

1. I, _____, desire to participate in the following activity/trip
KARST FIELD STUDIES PROGRAM SUMMER COURSE (hereinafter the
•Activity•), scheduled to be held on or about 2018 Summer Semester. I
understand and appreciate there may be dangers, hazards, and risks inherent in, associated
with, or arising out of the Activity, the transportation to and from the Activity, acts by third
parties unrelated to the Activity, activities not scheduled by Western that are in addition to and
not related to the Activity (collectively referred to as the •Risks•). I recognize that these Risks
could result in injury, illness or property loss or even death.

2. In exchange for the right to participate in the Activity, I hereby assume all responsibility and
liability for these Risks, whether known or unknown, direct or indirect. On behalf of myself, my
family, and my successors and assigns, I hereby release, waive, discharge, and hold harmless
Western Kentucky University, its governing board, officers, faculty, agents, employees,
subcontractors, and/or students employed by Western Kentucky University (collectively
referred to as •Western•) from and against any and all claims, demands, liabilities, controversies
or causes of action, damages, costs, and/or expenses of any kind or nature whatsoever, that
may hereafter accrue, relating to or arising out of the Activity, my participation in the Activity,
and/or the Risks.

3. In the event of an accident or serious illness, I hereby authorize Western to obtain medical
treatment for me and on my behalf. I hereby hold harmless and agree to indemnify Western
from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said
medical treatment.

4. In signing this Agreement, I acknowledge and represent that I have carefully read this
Agreement and understand its contents and that I sign this document of my own free will. I
further state that I am at least (18) years of age and fully competent to sign this Agreement, that
there are no health-related reasons or problems which preclude or restrict my participation in
this Activity and that I have adequate health insurance necessary to provide for and pay for any
medical costs that may be required or rendered to me as a result of injury or illness.

5. If I drive while participating in this Activity, I hereby warrant, represent and certify that I
personally carry Automobile Liability Insurance applicable and effective in the place in which I
will be driving, and that this insurance includes medical payment coverage in the event of an
accident.

**THIS IS A RELEASE OF LEGAL RIGHTS. BE CERTAIN YOU READ AND
UNDERSTAND THIS RELEASE BEFORE SIGNING IT.**

Signature: _____ Date: _____

Printed Name: _____