

Moravian College Statement of Informed Risks and Waiver of Certain Rights

Name of Individual	
Date of Birth	
Phone number / Email	
Emergency Contact / Phone number	
Description of Moravian College Activity	
Date(s) of Activity	
Issuing Department / Activity Leader <i>(if applicable)</i>	

Statement of Informed Risks

I acknowledge that the particular program in which I desire to participate in is not required for graduation. My participation is wholly voluntary. I hereby acknowledge that I am participating in these activities with the full realization that they may involve a significant risk of bodily injury. I understand that the injury may range in the severity from minor to long term catastrophic up to and including death, or damage to property of me and others. Such injuries may require me to incur significant medical expenses. I am aware that it is not to delineate specifically each and every individual injury risk, however knowing the material risk and appreciating and reasonably anticipating that injuries and even death are a possibility. ***I hereby assume all of the risks which could occur as a result of my participation including the cost of medical care and assistance.***

Initials



Waiver

I agree that in exchange for and in consideration of the College’s permitting me to participate in this program and all related activities to it including, but not limited to travel, and intending to be legally bound, I hereby assume all the risks associated with the program and agree to release and hold harmless MORAVIAN COLLEGE, its successors, assigns, trustees, officers, employees, and coaches from any and all liability, actions, cause of actions, negligence, debt, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the program.

Additionally, I understand that any previous injury or condition I have may predispose me to an increased risk of re-injury or increase risk of other injuries or conditions. Furthermore, I understand that in the event of any new injury, there may be short term and/or long term health related risks involved with continued participation in this program even after proper treatment or rehabilitation.

Lastly, I certify that I have no health related reasons or problems which preclude or should restrict my participation in this program and that I have secured medical insurance as required for attending MORAVIAN COLLEGE and /or any additional coverage.

The undersigned, herewith:

- A. Recognizes and acknowledges that neither MORAVIAN COLLEGE nor any of its departments and/or divisions carries special health and/or hospital insurance other than such medical and hospital services as are normally provided for students by the Student Health Center, that would provide such insurance benefits coverage for me in the event I should sustain an injury while participating in the above stated activity
- B. Agrees if the undersigned is married and/or a minor, the signature of spouse, parent or guardian appearing the space indicated below signifies acceptance of said spouse, parent or guardian that the terms and conditions hereof shall be binding upon them and shall constitute a release by them of any and all claims, demands and causes of action whatsoever which they or any of them might have against MORAVIAN COLLEGE, its successors, assigns, trustees, officers, employees, and coaches, as a result of the undersigned’s participate in the above stated activity.

I have been advised that my signature on this Statement involves the voluntary relinquishment of certain legal rights and that my signature indicates my intent to be legally bound by the terms of this agreement. If I have any questions or concerns about this Statement of Informed Risks and Waiver of Certain Rights, I should consult with counsel or an advisor of my own choice prior to signing it.

Signature(s)	Printed Name/Relationship	Date

MORAVIAN COLLEGE STUDENT PERSONAL VEHICLE TRAVEL WAIVER

