
Assumption of Risk, Waiver and Release

GENERAL INFORMATION

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

18 Years or Older (check one)? YES NO (*for minors, a Parent/Guardian is also required to review and sign this form*)

ABOUT THE ACTIVITY

MEDICAL INFORMATION

Medical Insurance: Everyone participating in the _____ is required to have medical coverage. Please confirm that you have such coverage appropriate for the types of activities and locations where the activities will be performed.

Confirmation of health insurance: Name of Health Insurance Provider: _____

Each participant is responsible for making appropriate arrangements to have available any medications and medical devices necessary for their participation in the activity. Participants should alert program staff of their medical condition if they are comfortable doing so and it is necessary/important to alert the staff.

EMERGENCY CONTACT INFORMATION

In case of an emergency, please contact:

Name: _____ Relationship to Participant: _____

Phone Number: _____ Cell Phone: _____

NOTICE

A copy of this form will be filed electronically in the Administrative Office for at least 3 years after the activity has concluded.

ASSUMPTION OF RISK, MEDICAL PERMISSION, WAIVER AND RELEASE

I, the undersigned Participant (and Parent/Guardian for and on behalf of a Minor Participant), hereby assume, knowingly and voluntarily, all risks of participation in the Activity referenced above and all associated activities, including those risks and activities not specifically listed above. To the fullest extent allowable under law, this assumption of risk, waiver and release will apply whether or not Columbia University and any trustee, faculty member, officer, employee, agent, contractor, vendor, or student, whether in their professional or personal capacity or otherwise, is wholly or partially negligent or otherwise at fault. References to "Columbia University" in this form include, without limitation, The Trustees of Columbia University in the City of New York, and its schools, departments, units, affiliates and related entities, and their trustees, faculty members, officers, employees, and students.

I hereby waive any and all rights, claims, or causes of action of any kind whatsoever and release Columbia University from any actions, claims, liabilities, and damages arising from or relating to the Activity referenced above and all associated activities, including, without limitation, any damages for personal injury, illness (including COVID-19), death, or property loss that the Participant might sustain in connection with participation in the Activity including without limitation travel to or from, or while on location in, the Activity site.

I hereby authorize nurses, physicians, surgeons, dentists or emergency personnel chosen by personnel of Columbia University to furnish whatever first aid, medical or surgical care or management they may reasonably deem necessary for the well-being of the Participant in connection with the above-referenced activity. I also understand and agree that in the case of a medical emergency, including but not limited to allergic reaction, asthma episode, cardiac arrest, and cessation of breath, school personnel may need to administer an emergency response, including but not limited to epinephrine, nebulizer, automatic external defibrillator, and CPR. I hereby give permission to Columbia University personnel to administer medications or use medical equipment in the event of an emergency. I hereby waive and release Columbia University from any actions, claims, liabilities, and damages for any injuries, damages, or losses associated with the above-described emergency responses, whether or not arising from Columbia University's negligence or fault, to the fullest extent allowable under law. I understand and acknowledge that Columbia University shall not be responsible for any costs, fees or expenses owing to such medical treatment and that financial responsibility is retained by the Participant.

I agree to use good personal judgment and exercise caution in any potentially risky situations related to the Activity. Participants will continue to be governed by all applicable Columbia University policies and rules, and must conduct themselves in an appropriate manner at all times. Participants who violate any policy or rule of Columbia University might be required to leave the activity at their own expense, in the sole discretion of Columbia University.

Signature of Participant

Date

Print Name

For minors only, a parent/guardian must sign acknowledging and agreeing to the above information, terms and conditions on behalf of their minor Participant:

Parent/Guardian information:

Parent/Guardian Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Signature of Parent/Guardian

Date

FOR ELECTRONIC SIGNATURE ONLY

I understand and agree that by typing my initials below and submitting this document electronically it is the legal equivalent of signing and dating the hard copy version. I also understand and agree that by typing my initials below and submitting this document electronically I am affirming to the truth of the information contained herein.

Initials of Participant _____ (also fill out above section)

For minors only, initials of Parent or Guardian _____ (also fill out above section, including contact information)

IMPORTANT INFORMATION

In Case of an Emergency, first contact local help by dialing 911 or the local authorities.