

W&M in Washington

Liability Release and Emergency Contacts

Name: _____

Release from Liabilities and Statement of Responsibility:

Please read the following statements carefully. A parent/guardian signature is required.

I hereby certify that I have read all of the materials and information provided regarding the W&M in Washington program. In consideration for my participation in the program, I forever release The College of William and Mary, the Commonwealth of Virginia, the College's Board of Visitors and their respective employees, agents and students from all liability and responsibility for any claims, losses or demands relating to injury, death or damages to myself or my property, which may result from, or arise in the course of, the Program, including claims, losses or demands caused or alleged to be caused in whole or in part by the negligence of the College or any of the above entities, except to the extent that such injury, death or damages is caused solely by any of their gross negligence or willful misconduct.

I hereby acknowledge that I will assume responsibility for my personal affairs and safety during periods of extended travel, weekend journeys and other activities or travel not directly related to the W&M in Washington Program. I understand that I will be responsible for informing the Program Director of any extended trips I am taking by emailing a brief itinerary of my travel plans along with contact information for the trip or filling out the form on the Program Director's door.

Student Signature: _____ Date: _____

Parent / Guardian Name (Print): _____

Signature: _____ Date: _____

Please continue on Page 2.

Medical Release:

A parent/guardian signature is required.

I hereby acknowledge that in the case of extreme emergency, when medical care is vital to my well-being, the Program administrators will have the power to authorize appropriate medical treatment should parents/guardians be unavailable to advise or to authorize this treatment immediately. I understand that the staff will make every reasonable effort to notify immediately, persons responsible for the affairs of the participant.

Student Signature: _____ Date: _____

Parent / Guardian Name (Print): _____

Signature: _____ Date: _____

In Case of Emergency, Please Contact: (In this order)

1. Name: _____ Relationship: _____

Address: _____

Phone (home): _____ Phone (cell): _____

Phone (work): _____ Email: _____

2. Name: _____ Relationship: _____

Address: _____

Phone (home): _____ Phone (cell): _____

Phone (work): _____ Email: _____

3. Name: _____ Relationship: _____

Address: _____

Phone (home): _____ Phone (cell): _____

Phone (work): _____ Email: _____