ASSUMPTION OF RISK AND RELEASE OF CLAIMS

In consideration of the financial and academic support being provided to me by the State University of New York College at Oneonta ("the College"), I agree, on behalf of myself, my family, heirs, and personal representatives, to assume all the risks and responsibilities of my travel to and attendance at ______________________________. I have been fully and completely apprised of the actual and potential risks inherent in this activity. These include the risk of property damage or loss, personal injury or death. By signing below, I am asserting that I am knowingly and voluntarily assuming such risks.

Furthermore, I do hereby acknowledge complete responsibility for all doctor, hospital, dental, first aid and other medical expenses. I have been informed that the College will provide financial support for __________ [list items/amount], and I hereby acknowledge complete responsibility for any other transportation, room and board and personal expenses which I may incur while traveling to and participating in __________.

To the maximum extent permitted by law, I release and indemnify the State of New York, the State University of New York, the College, and their officers, employees, agents and volunteers, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during or as a result of my participation in __________________, including periods of travel.

In signing this Assumption of Risk and Release, I acknowledge and represent that I have read the foregoing, understand it, and sign it voluntarily, that no oral representations, statements or inducements, apart from this written agreement, have been made, that I am at least 18 years of age and fully competent (or if not, my parent or guardian is also signing), and I am executing this Assumption of Risk and Release for full, adequate and complete consideration, fully intending to be bound by the same.

Dated:                                                            _____________________________
Name of Student

__________________________
Signature

Dated:      ____________________________
Parent/Guardian if Student under 18

__________________________
Signature