## RELEASE (ADULT)

This is a legally-binding Release, Waiver, Discharge and C, [print full name]	
Commonwealth System of Higher Education (University) and to ot [print conference name]	hers. It is my desire to participate in the
[print location], on, [p	rint date] .
I fully recognize that there are risks to which I may be exposed by Examples of these risks include, without limitation, travel related while at the conference. I therefore agree to assume and take on any way associated with participation in the conference. In consider provided to me by the University, I HEREBY RELEASE THE UN OFFICERS, PARTNERS, PRINCIPALS, EMPLOYEES, STUDENTS AND ARELEASEES) FROM ANY AND ALL LIABILITY, CLAIMS AND ACTIONS THE ME, UP TO AND INCLUDING DEATH, AND FROM DAMAGE TO PARTICIPATION IN THE CONFERENCE. I UNDERSTAND THAT THIS ACTIONS CAUSED ENTIRELY OR IN PART BY ANY ACTS OR FAILURE INCLUDING BUT NOT LIMITED TO NEGLIGENCE, MISTAKE OR FAILURE	d risks such as accidents during transit or myself all of the risks and responsibilities in eration of and return for the opportunities IVERSITY AND ITS DIRECTORS, TRUSTEES AGENTS) (COLLECTIVELY THE UNIVERSITY HAT MAY ARISE FROM INJURY OR HARM TO MY PROPERTY, IN CONNECTION WITH RELEASE COVERS LIABILITY, CLAIMS AND ESTO ACT OF THE UNIVERSITY RELEASEES.
I recognize that this Release means I am giving up, among other th for injuries, damages or losses I may incur. I also underst executors, administrators and assigns, as well as myself. I have reand I agree and intend to be legally bound by it.	and that this Release binds my heirs
Further, I agree to defend, indemnify and hold harmless the Univerdamage, liability, injury, expense or loss, including but not limited to, suit, claim, demand, judgment or cause of action arising out of my part	reasonable attorney fees, by reason of any
I assure the University that, to the best of my knowledge, inform participate in the conference without any undue or unusual risk to me	
Finally, I understand and agree that the University may need to resthat may occur. Therefore, I give my consent to the administration University deems necessary resulting from my participation in the cocosts of any such treatment will be my responsibility. I am at least entire Release. I fully understand it and I agree to be legally bound by it	of any and all medical treatment of me the nference, with the understanding that the t eighteen years of age and have read this
Witness:	
THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BE	FORE SIGNING.
	Releaser's Signature
	neleaser s signature
	Printed Name
	Date