



**KENTUCKY WESLEYAN COLLEGE**  
**RELEASE FROM LIABILITY**

In consideration for being permitted to participate in \_\_\_\_\_ activity managed by \_\_\_\_\_ (KWC representative), during the period of \_\_\_\_\_ (dates), I, the undersigned, acknowledge and agree as follows:

**ACKNOWLEDGEMENT OF RISK**

I, the undersigned, do fully recognize and appreciate the dangers inherent in traveling to and participating in these activities. I hereby state that I have full knowledge of the dangers involved in these activities and agree to assume all risks and responsibilities associated with my participation in these activities.

**AGREEMENT TO RELEASE FROM LIABILITY**

I, the undersigned, do for myself and on behalf of my family and my personal representatives, hereby agree to forever release and hold harmless Kentucky Wesleyan College, all of its trustees, officers, agents and employees for any and all liability arising from any claim, demand or cause of action of any nature for:

- personal injury to me or to others
- damage to my personal property or to the personal property of others or
- my death

as a result of my participation in the activities listed above or caused by conduct of Kentucky Wesleyan College, any of its officers, agents or employees.

I certify that I am in good health and has no physical limitations that would preclude me from safely participating in these activities.

**MEDICAL EMERGENCY INFORMATION & CONTACT**

Student Name: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Contact Information or attach copy of medical insurance card: \_\_\_\_\_

Medical conditions that you wish to disclose: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

I fully understand that the terms of this agreement are legally binding and that I am signing this agreement after having completely read it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date