

This form is provided as an example only for Phi Alpha Honor Society for Social Work chapters to use when conducting activities regardless of risk. It is the responsibility and requirement of each chapter to assess risk and determine when and how participant information is collected or retained. Every student, non-student, faculty, staff, and community member involved in the chapter activity must complete the form. The form will be kept by the chapter for at least one year. If the participant is a minor, the form will be kept until one year after her/his 18<sup>th</sup> birthday. Please note that personal injury laws vary from jurisdiction to jurisdiction and the chapter should consult local counsel to verify that this will adequately protect the chapter from liability. This form is for example only. Any chapter using this form takes full responsibility for its use and hereby holds Phi Alpha Honor Society for Social Work harmless.

## Participation Information and Release Form

*Please print legibly*

Participant's Full Name: \_\_\_\_\_ Student or Other ID#: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Activity Title: \_\_\_\_\_ Date of Activity: \_\_\_\_\_

**PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. THIS RELEASES PHI ALPHA HONOR SOCIETY, THE UNIVERSITY, and THE UNIVERSITY CHAPTER FROM ANY LIABILITY RESULTING FROM PARTICIPATION IN ANY ACTIVITY ASSOCIATED WITH THE CHAPTER, INCLUDING, BUT NOT LIMITED TO, THE ACTIVITY DESCRIBED ABOVE.**

### Release and Assumption of Risk

The undersigned hereby acknowledges that he/she understands that participation in the above named chapter activity is purely voluntary. In consideration of the university or Phi Alpha Honor Society making any funds, equipment, and/or facilities available for the chapter's activity or providing organizational support or planning, the undersigned hereby releases Phi Alpha Honor Society, the chapter, the university, the university's governing body, their successors, assigns, Trustees, officers, agents, volunteers, contractors, and employees from any and all claims, demands and causes of action whatsoever, in any way growing out of or resulting from the undersigned student's or other person's participation in the activity of the chapter, whether directly and/or indirectly.

The undersigned further agrees that he/she understands that any activity of the chapter may involve substantial risk and could lead to **bodily, emotional, or mental injury, illness, paralysis, permanent disability, death, property damage, emotional distress, and/or other dangers associated with participation, involvement or travel to and from the chapter activity.** When activities are physically demanding or athletic in nature other risks associated with participation could include, but are not limited to: **respiratory failure, spine and neck injuries (either of which could result in paralysis), concussion, heart failure, broken bones, heat stroke, heat cramp, heat exhaustion, hypothermia, frostbite, stroke, convulsion, unconsciousness, abrasions, fainting, sudden illness, cramps, and shortness of breath,** and/or, with respect to water activities or activities around water, there is also the risk of **drowning.** It is the responsibility of the individual participant to assess these risks, consider his/her personal knowledge of and ability to safely participate in each activity prior to participation.

The undersigned agrees that he or she is solely responsible for any cost arising out of any bodily injury or property damage sustained through participation or other involvement in normal or unusual activities of the chapter. The undersigned is encouraged to obtain adequate bodily injury, health, and/or property damage insurance coverage, and understands that **Phi Alpha Honor Society, the chapter, or the university does not provide any insurance coverage;** all injuries suffered during participation or other involvement in a chapter activity are solely their own responsibility and not the responsibility of Phi Alpha Honor Society, the chapter, or the university. **If injured while participating or involvement in this activity, I agree to seek medical attention and notify the chapter.**

If the undersigned is a minor (under the age of 18 years), then, in addition to the minor's signature as a participant hereinafter, the signature of the lawful guardian (parent, spouse or other lawful guardian) appearing in the space indicated below signifies acceptance by said lawful guardian on behalf of him/herself and the minor that the terms and conditions hereof shall be binding upon them and shall constitute a release by them of any and all claim, demands and causes of action whatsoever which they or any of them may have against Phi Alpha Honor Society, the chapter, the university, its successors, assigns, Trustees, officers, agents or employees as a result of said minor's participation or involvement in the activities described.

Due to the charitable nature of Phi Alpha Honor Society, it is expected that no alcohol would be served or otherwise provided during an activity.

By executing this Release and Assumption of Risk, I assume all of the risks of bodily injury or property damage associated with participation or other involvement in the activity listed herein and any other activity associated with the chapter.

**I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND AGREE TO BE BOUND THEREBY:**

**IF UNDER 18 YRS OLD:**

_____	_____	_____	_____
<b>PARTICIPANT</b>	<b>DATE</b>	<b>PARENT/GUARDIAN/SPOUSE</b>	<b>DATE</b>