

**EASTERN MICHIGAN UNIVERSITY
ASSUMPTION OF RISK AND RELEASE AGREEMENT**

I, the undersigned, Eastern Michigan University's (EMU) minor student visitor, in consideration for my being allowed to participate in the EMU College of Technology's Digital Divas Program, and fully understanding and appreciating the risks of injury associated with my child/minor participation in the Program, do hereby voluntarily and knowingly recognize, accept and assume this risk, and further, I do for myself, my heirs, and personal representative, hereby agree to defend, indemnify and hold harmless, release, and forever discharge EMU, its regents, officers, employees and agents from and against any and all claims, liabilities, demands, expense, delays, financial obligations or liabilities that my child/minor may personally incur, personal injury or death which may result from my travel to and from and participation in the Program.

I understand that EMU and its Program and its agents are not responsible for any injury or loss whatever suffered my child/minor during periods of time on campus (which I understand should be supervised) or during any absence from the university or other designated Program supervised activities.

I hereby grant EMU and its Program and its agents full authority to take whatever actions they may consider to be warranted under the circumstances regarding my health and safety, and I fully release each of them from any liability for such decisions or actions as may be taken in connection there with.

I have read the terms and conditions set forth in Eastern Michigan University's Extended Programs' Agreement and Release for the above designated Program and understand that they constitute a part of my agreement.

IN WITNESS WHEREOF, I have caused this "Assumption of Risk and Release Agreement" to be signed this date ___/___/___.

Signature

Print Name

If the student is under 18 years of age, a parent/guardian signature is also required.
Parent/guardian hereby agrees to the waiver, release and indemnification statement set forth above.

Signed _____ Date _____
Parent/Guardian

EMERGENCY CONTACT INFORMATION

In case of an emergency, I hereby give my permission to contact the following person(s):

Name: _____ Relationship: _____

Phone Number: _____