

BEMIDJI STATE UNIVERSITY
Department of Residential Life

LIABILITY WAIVER FORM

Type of Activity _____ Date(s) _____

Destination _____

We, the undersigned, understand that there are dangers inherent to involving ourselves in the above named activity and we hereby expressly waive, release and discharge all claims for liability for injury or damages on the part of the activity organizers or any individual acting in an official or advisory capacity, and we further agree to hold harmless and indemnify Bemidji State University and the Department of Residential Life from any and all claims.

Signature

Date

