



**IMAGINE TOMORROW ACTIVITIES
For Participants Age 18 or Older
May 20–22, 2011**

ASSUMPTION OF RISK

I understand that there are risks in participating in recreational activities and educational workshops at the *Imagine Tomorrow* activities at Washington State University (WSU).

In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for all risks that exist, including the risk of death, personal injury, or property loss or damage. I understand that there may also be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.

Risks in participating in the *Imagine Tomorrow* activities (including touring campus facilities and participating in activities in the Recreation Center), include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss or use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the *Imagine Tomorrow* activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my person or property.

RELEASE OF LIABILITY

I release the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses, which I may sustain, as a result of or related to participation in the above event. My participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the event itself, and use of state equipment or facilities for the event whether on or off WSU property. **I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I sign it freely and voluntarily.**

DATED THIS ____ DAY of _____, 20____.

Name (Printed)

Signature

Witness's Name (Printed)

Witness's Signature

Mail this completed form to the address below by April 15, 2011.
Imagine Tomorrow
University Relations
PO Box 641040
Washington State University
Pullman, WA 99164-1040