



Student Activities and Leadership
Division of Student Affairs

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Name: _____ (please print)

Date of Birth: ____/____/____

students.case.edu/activities

I am participating with the **Case Engineers Council** during the **E-Week Reception at the Intercontinental Hotel On February 22nd, 2018**. My participation may include some risks. I am aware of the risks that may be encountered during this program and I understand that the risks may include personal injury and damage to property.

I have been informed of risks that may be encountered during this program and if I have any questions about the activity's content, nature, risks or hazards, I have contacted the activity's coordinator and have discussed those questions to my satisfaction. I understand that my participation in this activity will **require** travel by personal vehicle or otherwise to locations off the campus of Case Western Reserve University and may involve exposure to risk of personal injury or damage to property.

As a condition of participating in this activity, I agree to the following:

1. I am physically capable of participating in this activity. I understand that I am responsible for any health and accident insurance which I may deem necessary.
2. In consideration of being granted the opportunity to participate in this activity and use services and facilities furnished or made available by Case Western Reserve University as well as the assistance and advice of employees of the University, I hereby release and forever discharge Case Western Reserve University, the Office of Student Activities and Leadership; **Case Engineers Council**; Case Alumni Association, the Undergraduate Student Government and its trustees, officers, employees, and agents from all legal claims for injuries, damages, or losses of any kind, which may arise out of my participation in this program, other than those claims directly attributable to the grossly negligent acts or omissions of Case Western Reserve University, or its trustees, officers or employees.
3. I agree to comply with all regulations, rules and policies of Case while participating in this activity. I fully acknowledge that, although not on the property of the University, I am responsible for following all policies and procedures as set forth by the 2017-2018 Student Handbook, (<https://students.case.edu/handbook/>). I understand that I am responsible for any medical or other personal insurance that I may deem necessary. I also understand that Case Western Reserve University is not responsible for my safety under any circumstances.

I certify that I have fully read this release and that I understand its terms and conditions and agree to be bound by them. I certify that I am over the age of eighteen and have executed this agreement of my own free will.

Signature

Date

Cell Phone

Medical Insurance Company Name

Emergency Contact Information (please print)

Name: _____ Relationship: _____ Phone: () _____