

GENERAL RELEASE FORM

I, _____, desire to participate in DePaul University's _____ program [name of activity or program] in _____ [location] on _____ [date or dates] (hereinafter referred to as the "Program"). This Release covers the entire time period of the Program, including travel to and from the Program.

I acknowledge and appreciate that certain risks are inherent in participating in the Program. These include, but are not limited to, the risks of personal injury, illness or death, property damages, and property loss or theft, arising out of accidents, epidemics and disease, risks of travel, acts of terrorism, negligent acts or omissions of myself or others (including DePaul University and its agents), civil disturbances or disorders, etc. I also acknowledge that I am participating in this Program at my own free will and that that my decision to participate is not a requirement for completing a degree at DePaul

I HEREBY RELEASE, WAIVE, DISCHARGE AND HOLD HARMLESS DEPAUL, ITS AFFILIATES, PREDECESSORS, SUCCESSORS, TRUSTEES, OFFICERS, DIRECTORS, FACULTY, EMPLOYEES, AGENTS, AND REPRESENTATIVES, PAST OR PRESENT (THE "RELEASED PARTIES") FROM ANY AND ALL CLAIMS, SUITS, LIABILITY, JUDGMENTS, COSTS AND EXPENSES ("CLAIMS") FOR ANY PERSONAL INJURY OR ILLNESS, EPIDEMICS AND DISEASE, DEATH, PROPERTY DAMAGE, LOSS AND/OR THEFT, ARISING OUT OF ANY ACCIDENT, CIVIL DISTURBANCE OR DISORDER, ACT OF TERRORISM, OR ANY OTHER OCCURRENCE DURING THE PROGRAM OR WHILE I AM TRAVELING TO OR FROM THE PROGRAM. I ALSO AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY CLAIMS ARISING FROM OR RELATED TO MY OWN ACTS OR OMISSIONS DURING THE PROGRAM, INCLUDING MY TRAVEL TO OR FROM THE PROGRAM.

For the duration of the Program, I understand that I will act in accordance with the guidelines and policies set forth in the DePaul University Student Handbook as well as any set forth by the sponsoring department/program. In the event that I fail to comply with the policies and guidelines outlined therein, I understand that I may be subject to University administered disciplinary measures

In signing below, I certify that I have read and fully understand the above Acknowledgement, Release, and Assumption of Risk.

Participant Signature

Printed Name

Date

****Parent/Guardian Signature is required for minor participants under the age of 18.***

In signing below, I certify that I have read and fully understand the above Acknowledgement, Release, and Assumption of Risk.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

Relationship to Participant