**ASSUMPTION OF RISK AND RELEASE OF CLAIMS**

[COURSE NUMBER, CRN, SEMESTER, COURSE TITLE]

In consideration of being permitted to participate in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ course being offered by Purchase College, State University of New York’s School of Liberal Studies & Continuing Education (the “Course”), I agree, on behalf of myself, as well as on behalf of my family, heirs, executors and personal representatives, to assume all the risks and responsibilities associated with my participation in the Course. I have been fully and completely apprised of the actual and potential risks inherent in this activity. **These risks include, but are not limited to, the risk of property damage or loss, personal injury and/or death.**  By signing below, I am asserting that I am knowingly and voluntarily assuming such risks.

I do hereby acknowledge complete responsibility for all doctor, hospital, dental, first aid, medical, transportation, and other expenses which I may incur as a result of any injury arising from my participation in the Course.

To the maximum extent permitted by law, I hereby agree to release and indemnify the State of New York, the State University of New York, Purchase College, and their officers, employees, agents and volunteers, from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever which may arise out of, or in connection with, my participation in the Course, including during periods of travel to and from Course activities.

In signing this Assumption of Risk and Release, I acknowledge and represent that I have read the foregoing, understand it, and sign it voluntarily; that no oral representations, statements or inducements, apart from this written agreement, have been made; that I am at least 18 years of age and fully competent; and I am executing this Assumption of Risk and Release for full, adequate and complete consideration, fully intending to be bound by the same.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_