

**WESTERN CAROLINA UNIVERSITY  
ASSUMPTION OF RISK/ RELEASE AND WAIVER OF CLAIMS**

Your participation in the Defensive Tactics for Criminal Justice Workshop (“Activity”) is a voluntary activity, which may be terminated by either party at any time; may include physical participation in defense tactics and training exercises; and may involve substantial risks of bodily injury, property damage, and other dangers associated with participation in the Activities. Risks include, without limitation, slipping and falling, broken bones, strains, sprains, bruises, concussions, and heart attacks.

I acknowledge and understand the risks inherent in participating in the Activities, including training for and travel to and from the Activities. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the Activities. I understand that I should participate only in those activities for which I have the prerequisite skills, qualifications, and training. I further understand that I should not participate in the Activity if I have any medical condition that would predispose me to injury. I agree to disclose any medical condition and/or medication that may impact my participation in the Activity to the instructor(s).

I understand that I am solely responsible for the payment of any costs related to injury or property damage sustained through my voluntary participation in the Activities. I understand that I am solely responsible for maintaining adequate health and accident insurance coverage, and I certify that I have adequate insurance coverage.

I hereby agree, for myself and on behalf of my successors, heirs, and assigns, that for the sole consideration of Western Carolina University (“WCU” or “University”) allowing me to participate in the Activities and making available certain equipment, facilities, grounds, or personnel of WCU, I hereby waive any and all claims and release, satisfy, and forever discharge WCU and the Board of Governors of the University System of North Carolina (“UNC”), and WCU and UNC directors, trustees, officers, agents or employees from any and all actions, claims, damages, judgments, demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries or damage to property arising out of or related to my voluntary participation in the Activities.

I further agree that for the sole consideration stated above I will not sue WCU or UNC and their directors, trustees, officers, agents or employees for any claim for damages arising out of or related to my voluntary participation in the Activities.

I understand that the acceptance of this Assumption of Risk/Release and Waiver of Claims shall not constitute a waiver by WCU or UNC, in whole or in part, of sovereign or official immunity.

This Assumption of Risk/Release and Waiver of Claims shall remain in effect for as long as I am a participant in the Activity offered by WCU.

I understand that the University does not endorse the use of the technique(s) that make up the Activity and I understand that the technique(s) may or may not work in any given situation.

By signing below, you are giving consent for medical treatment to the instructor and medical personnel in an emergency situation.

**I certify that I am at least 18 years of age and suffering under no legal disabilities and that I have carefully read and understand this Assumption of Risk/Release and Waiver of Claims, and agree to be bound by the terms contained herein.**

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

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**If the participant is under the age of 18, the parent or legal guardian certifies that he/she has carefully read and understands this Assumption of Risk/Release and Waiver of Claims, and agrees to be bound by the terms contained herein.**

Signature of Parent or Legal Guardian: \_\_\_\_\_

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Please answer the following questions:**

**EMERGENCY MEDICAL INFORMATION**

Please identify all known allergies to foods, drugs, insect bites, environmental, etc., and the nature of your reaction:

---

---

---

Please identify and describe any diseases, disabilities or conditions that may limit your participation in class activities, including prior injuries and present joint or muscle problems:

---

---

---

If you are presently taking medication, please identify the medication and reason for its use:

---

---

---

Are there any conditions or problems not indicated that should be disclosed:

---

---

---