STATEMENT OF PERSONAL RESPONSIBILITY & RELEASE REGARDING PARTICIPATION IN  
WASHINGTON UNIVERSITY STUDENT EVENT  
(For students aged 18 or older only)  

1. I _____________________________ am a student at Washington University in St. Louis (the “University”).

2. I wish to participate in the First Year Student Program in and around the University campus as well as at various St. Louis locations from August 25 through August 26, 2022, as part of the University’s Bear Beginnings Orientation Program that takes place from August 19 through August 27, 2022 (collectively, the “Event”). Event activities include, but are not limited to: a walking tour in and around campus, walking tours of various locations within the City of St. Louis and St. Louis County, a charter bus tour, off campus dining, visits to locations within Forest Park (such as the Missouri History Museum), and trips to the Gateway Arch, Blues Museum, Bayer YMCA, Lewis Center, Cortex building and a hiking trip at Castlewood State Park. I understand that transportation for some Event activities will involve travel by chartered bus, MetroBus or MetroLink. I have voluntarily chosen to participate in the Event despite the potential dangers and risks, and despite this release.

3. I understand and appreciate the dangers, hazards and risks inherent to the Event, including but not limited to transportation to, from, and around the Event locations via chartered bus, MetroBus, MetroLink, walking or other modes of transportation, natural disasters, inclement weather, heat exposure, dehydration, accidents, falls, lacerations, burns, broken bones, insect or other animal bites, and other injuries (including injuries that could result from hiking, nature and outdoor activities), illnesses (including COVID), diseases, crimes, riots, terrorist activities or attacks, and any risks associated with independent activities I undertake as an adjunct to the Event, all of which could include serious or even fatal injuries or property damage or loss. Such damage, injuries and/or death may result not only from my own action, inaction or negligence but also the action, inaction, or negligence of others. I further understand that the University, including the individuals acting on its behalf, cannot and does not assume responsibility for such events or personal injuries or property damage arising therefrom even if such injury or damage is a result of the negligence of the University or other parties released. I also accept that it is my sole responsibility to participate only in those activities for which I have the prerequisite skills, qualifications, preparation, and training, and that I have read and understand the conditions applicable to the Event. I further accept and agree to follow all instructions pertaining to the Event, particularly those regarding safety and security practices.

4. COVID-19 pandemic: I understand the University’s COVID-19 public health policies and recognize that these may change as the COVID-19 pandemic evolves. I understand that if I fail to abide by the University’s public health policies and expectations, I will forfeit the privilege to participate in the Event and may be subject to further student conduct action. I pledge to do my part to protect myself and others and reduce the spread of COVID-19 in our University community and the surrounding St. Louis community. I will stay home if I am sick or experiencing symptoms. I will follow the University’s public health policies and guidance, including those related to physical distancing, masking, personal health and hygiene, self-screening for symptoms, and quarantine and isolation.

5. With full knowledge of the dangers, hazards and risks of the Event, and in consideration of being permitted to participate in them, on behalf of myself, my family, heirs, and personal representative(s), I agree to assume all the risks and responsibilities surrounding my participation in the Event and, in advance, release, waive, forever discharge, and covenant not to sue the University, its governing board, officers, agents, employees, students, and volunteers (collectively, the “Releases”) from and against any and all liability for any harm, damage, claim, demand, action, cause of action, cost or expense of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage or injury, including but not limited to physical injury, suffering or death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releases with regard to the Event. This waiver does not pertain to incidents involving gross negligence or willful misconduct by the University and/or its agents. It is my express intent that this Release shall be deemed a release, waiver, discharge and covenant not to sue the Releases. I further agree to save and hold harmless, indemnify, and defend Releases from any claim by me or my family arising out of my participation in the Event.

6. I understand that I am expected to behave in a manner consistent with the Washington University Student Conduct Code, the Washington University Drug and Alcohol Policy, and all other applicable University policies. I understand that the use or possession of illegal drugs, including marijuana, can have very grave consequences, including arrest and imprisonment. I know that I am subject to local law and agree to obey all laws and ordinances of jurisdictions where I may be during my participation in the Event. I understand that if I do not behave in accordance with policy and law, I may be asked to leave the Event and will be responsible for all personal expense thereafter, including return transportation.

7. I am aware of my own personal medical needs and state that there are no health-related reasons or problems that preclude or restrict my ability to participate safely in the Event. I assume all risk and responsibility for my medical needs, and understand and agree that if I must be hospitalized or otherwise receive medical care, the University cannot and does not assume legal responsibility for payment of such costs. I hereby warrant that I have adequate health insurance coverage to meet any and all needs for payment of medical costs while undertaking the Event. I hereby grant permission to the Releases to authorize emergency medical treatment for me, and understand and agree that neither the University nor any of the other Releases assume any responsibility for any injury or damage that may arise out of or in connection with such authorization.

8. I warrant that I am at least eighteen (18) years of age and fully competent to sign this Release; that I understand the terms contained herein are contractual and not a mere recital; that I have read this Release with full knowledge of its significance; and that I have signed this Release as my own free act.

9. I agree that this Release shall be construed in accordance with the laws of the State of Missouri. If any term or provision of this Release shall be held unenforceable, illegal, or in conflict with any governing law, the validity of the remaining portions shall not otherwise be affected.

THIS IS A RELEASE OF LEGAL RIGHTS. READ IT AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

ACCEPTED AND AGREED:

(Signature) ____________________________ (Date) ______________

(Printed Name) ____________________________