

STATE UNIVERSITY OF NEW YORK
COLLEGE OF TECHNOLOGY AT CANTON

ASSUMPTION OF RISK

Participant's Name: _____

Address: _____

Telephone: _____ Birthdate: _____

I fully realize that the activities of the **Discover SUNY Canton Bus Trip** involve dangers that are not foreseeable and that risks are involved in participating in these activities.

I hereby completely assume all risks attached to the activities of this program and I do clearly and irrevocable declare that every act that I might do in participating in such activities is done of my own free will.

I further agree to hold harmless the State University of New York, their officers, directors, agents, employees, instructors and associates from any and all manner of third-party actions or claims and agreed to reimburse any claims against the State of New York, State University of New York, and their officers, directors, agents, employees, instructors and associates arising by reason of my participation in this program.

I hereby declare that I have completely read, fully understood and voluntarily accept the terms of this statement.

Signature of the Participant

Date

Parent or Guardian *must* sign and date (if participant is under age 18)

Signature of Parent or Guardian

Date

Emergency Contact Information:

Name _____

Relationship to Student _____

Phone _____