

College of the Marshall Islands
Accredited by the Western Association of Schools and Colleges

P.O. box 1258
Majuro
Marshall Islands, MH 96960

Tel: (692) 625-3291/3843
Fax: (692) 625-7203
Email: skotton@cmi.edu

Waiver of and Release from Liability Form

Event/Trip: _____

Student Name: _____

Date(s): _____

Time: _____

Location: _____

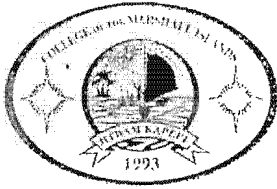
Description: _____

Whereas, as part of the student learning experience at the College of the Marshall Islands ("CMI"), I have an opportunity to voluntarily participate in the field trip referred to above (the "trip"). As a condition of such participation, I agree as follows:

1. I understand and appreciate the risks inherent in travel to and the nature of this trip, and I am aware that these risks could result in damage to property, personal and/or bodily injury or death. Knowing, understanding, and fully appreciating all possible risk, I hereby expressly, voluntarily, and willingly assume all risks and dangers associated with my participation in this trip and activity.

2. I release, hold harmless, and discharge CMI, its employees, agents, officers, regents, directors, and assigns from any and all liability for any injury or loss I might incur in connection with this trip.

3. I, for myself, my heirs, representatives, executors, and administrators, waive and release forever any and all rights for claims and damages I may have against CMI, its employees, agents, officers, regents, directors, and assign, including the staff members and supervisors, in any manner due to any personal injury or property loss sustained by me as a result of my



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Traveling to and from the trip destination and/or my participation in the activities associated with the trip, including any activities I may engage in during my free time while participating on the trip.

4. I agree to follow the standards established for the conduct of the participants in the trip or instructions of CMI staff members on the trip.

5. I understand that I will be responsible for my own welfare and safety.

6. I have read this waiver of and release from liability form and understand the terms used in it and their legal significance. This waiver of and release from liability is freely and voluntarily given with the understanding that right to legal recourse against CMI is knowingly given up in return for allowing my participation in the trip and activity.

7. My signature on this document is intended to bind not only myself but also my heirs, representatives, executors and administrators.

Print Student Name	Student Signature	Date
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Department Head	Date
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Student Club Advisor	Date
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OFFICE USE ONLY

Approved: Yes or No
Approval Date: _____

OFFICE USE ONLY

Dean AA	Date
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VPASA	Date
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