

**CENTRAL WASHINGTON UNIVERSITY
ASSUMPTION OF RISK AND RELEASE OF CLAIMS**

I hereby acknowledge that I have voluntarily chosen to participate in the program of the CWU Physics Department in connection with the Northwest Earth and Space Sciences Pathways (NESSP) program titled 2024–2025 Artemis ROADS III (Rover Observation And Discoveries in Space) National Student Challenge. These activities include, but are not limited to: designing and building water bottle rockets, a water purification device, and a rover to explore lunar tunnels. (hereafter referred to as "the program" or "program activities").

A. ASSUMPTION OF RISK

I understand that my participation in the above described program activities may involve foreseeable as well as unforeseeable risks to my health, safety, or property. I acknowledge that some of the risks of participating in the program include all those risks inherent in or incidental to the program activities described above, including but not limited to: slips, falls, cuts or abrasions; injuries to the fingers, hands, feet, face and/or head; vision or hearing injuries; broken bones; and other temporary or permanent bodily injuries whether minor or severe. I further acknowledge that the risks of participating in program activities may include exposure to communicable diseases, including but not limited to the COVID-19 coronavirus. I acknowledge and voluntarily assume the risks of participating in the program, including the risks of traveling to or from participation sites.

I further understand and agree that it is my responsibility to abide by CWU and NESSP policies or rules relating to my participation in the program activities. I understand and agree that I am solely responsible for determining my ability to participate in the program and for notifying CWU Physics Department staff of any medical or other health condition that would limit my ability to participate safely. I understand and agree that CWU and its staff cannot guarantee or insure my health or safety and that it is my responsibility to obtain any appropriate insurance coverage and to pay any medical or other expenses relating to my participation in the program.

B. RELEASE OF CLAIMS

If I am age 18 or over, as a condition of my being permitted to participate in CWU and NESSP program activities, and for and in consideration of any services provided by CWU through its Physics Department, I hereby waive and release any claims that I or my estate may have against CWU or its trustees, officers, employees, volunteers, or agents based on any loss, injury (including death), or damage that I may sustain to my person or property (or both) arising from, in connection with, or incidental to my participation in the program, whether such loss, injury, or damage is caused by my own acts or omissions, by those of other program participants, or by the negligent acts or omissions of CWU staff or volunteers.

If I am signing as a parent/guardian of a participant under age 18, as a condition of my student's being permitted to participate in CWU and NESSP program activities, and for and in consideration of any services provided by CWU through its Physics Department, I hereby waive and release any claims that I or we may have against CWU or its trustees, officers, employees, volunteers, or agents based on any loss, injury (including death), or damage that my student may sustain to person or property (or both) arising from, in connection with, or incidental to participation in the program, whether such loss, injury, or damage is caused by my student's own acts or omissions, by those of other program participants, or by the negligent acts or omissions of CWU staff or volunteers.

First Name: _____ Middle Initial: _____ Last Name: _____

E-mail: _____ Date of Birth: _____

Student: YES _____ NO _____ If Yes, Year in School _____.

I have read and understand this *Assumption of Risk and Release of Claims*. I further understand and agree that the foregoing Assumption and Release is intended to be enforceable to the fullest extent permitted by law.

Participant Signature: _____ Date: _____

If the student participant is under the age of 18, this *Assumption of Risk and Release of Claims* must be signed both by the student and by the student's parent or legal guardian:

Parent/Guardian Name (Print) _____

Parent/Guardian Signature: _____ Date: _____