



**STATE UNIVERSITY of NEW YORK – BINGHAMTON
ACTIVITY CLASS LIABILITY WAIVER**

The following statement is to be read carefully by individuals who are enrolled in and/or participating in campus activities supervised by Binghamton University Health and Wellness Studies Department staff.

There is an inherent risk involved in **ACTIVITY BASED CLASSES** such as: Injury or death related to contact with equipment, contact with other persons, slip, falls, or any other unforeseen possibility.

I assume upon myself any of the risks that may be attendant upon my choice of participation in these Binghamton University classes. I agree to save and hold harmless the State University of New York for any injuries or problems that might arise as a result of any accidents.

I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks NOT specifically identified.

INITIALS _____

COURSE NAME: _____ **SEMESTER:** _____

SIGNATURE: _____ **DATE:** _____

NAME (PRINT): _____ **ADDRESS:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

**UNDER AGE 18,
SIGNATURE OF PARENT OR GUARDIAN:** _____

**HEALTH AND WELLNESS STUDIES DEPARTMENT
BINGHAMTON UNIVERSITY
PO Box 6000
Binghamton, NY 13902
607-777-2120**