



ASSUMPTION OF RISKS AND RELEASE OF CLAIMS

In consideration of being permitted to participate in the program identified below by the State University of New York, State College of Optometry, I agree, on behalf of myself, my family, heirs and personal representatives, to assume all risks and responsibilities of my participation in the Program. I have been fully and completely apprised of the actual and potential risks inherited in this activity. These included the risk of property damage or loss, personal injury or death. By signing below, I am asserting that I am knowingly and voluntarily assuming such risk.

I have been apprised of, and fully understand, the fact that the College does not sponsor, supervise or exercise any control over the Program. To the maximum extent permitted by laws, I release and indemnify the State of New York, the State University of New York, the SUNY College of Optometry, and their officers, employees, agents and volunteers, from and against any present or future claims, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during or as a result of my participation in the Program, including periods of travel.

Date:

Print Name:

Signature:

Program referred to:

Name of Organization:

Location of off-
campus activity:

Date(s) of activity,
including travel:

Description of Activity: