

SCHOOL OF PROFESSIONAL AND CONTINUING STUDIES
LIABILITY RELEASE FORM

I agree to indemnify and hold harmless the University of Richmond and its trustees, officers, employees, and agents (and the Commonwealth of Virginia if the state is part of the program) hereinafter referred to as Indemnities, against all claims or liability whatsoever arising from the below described activities or courses conducted by or arranged through the School of Professional and Continuing Studies (SPCS) of the University of Richmond. Such indemnification shall include, but not be limited to, damage or destruction of real or personal property and injury or death to any person.

SPCS believes there is the possibility of accident or injury in its course/activity:
[fill in date(s) of activity and title of activity on line below]

Individuals engaging in this course/activity should have their own medical/accident insurance.

SPCS DOES NOT provide personal medical/accident insurance for its students or faculty.

I, _____, have read and understand this *Liability Release Form* on (Date) _____.

(Print your name here) _____

(Sign your name here) _____

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Please complete this additional Osher Institute information:

_____ I am an Osher Institute member and my membership is current through _____ (date).

_____ I am a guest today of the Osher Institute.