

## ASSUMPTION OF RISK STATEMENT

I, \_\_\_\_\_, have requested to participate in the activity described below. I have been fully and completely apprised of the actual and potential risks inherent in this activity. These include the risk of property damage or loss, personal injury or death. By signing below, I am asserting that I am knowingly and voluntarily assuming all such risks. I further assert that I have been advised that I must ensure that I am covered by a health/accident insurance coverage, which will be available to cover the costs of any medical expenses, or other costs which I incur should I be injured in the course of participating in this activity. I agree not to hold the University as responsible for insuring any losses I may suffer in relation to this participation. I understand that School of Medicine, the State University of New York, the State of New York (and their officers, agents, employees and volunteers) do not maintain liability coverage associated with these activities. I assume full and complete responsibility for obtaining proper health/accident and, if appropriate, motor vehicle insurance coverage.

### DESCRIPTION OF PROGRAM OR ACTIVITY:

\_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_ through \_\_\_\_\_.  
(Name of Program) (Location, City, State) (Date) (Date)

There will (be/not be) patient contact.

---

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Age of Participant

\_\_\_\_\_  
Signature of Parent  
(If participant under 18)