

Student Information Form 2016-2017

PLEASE PRINT

Name: _____ WIN: _____

Campus/Local Address: _____

City: _____ Zip: _____

Preferred Phone: _____ Preferred E-mail: _____

Major: _____ Tentative Graduation Date: _____

T-shirt size: _____ LE Courses taken/taking: _____

Health or Dietary Restrictions: _____

If any of the above information changes throughout the year, please update the LI office so you will receive the current information.

I plan to: (Check all that apply.)

- 1. Be involved in LI extra-curricular activities
- 2. Take/taking a Leadership Course(s)
- 3. Pursue a Leadership Studies Minor or Certificate
- 4. Other: _____

Please list any licenses/certifications/special skills you may have: (i.e. lifeguard, CPR/BLS, juggler, tumbling, garage band, ukulele, etc.)

Please rank your top three preferred method of communication.

Texting _____ Facebook _____ Phone call _____ E-mail _____
Twitter _____ GroupMe _____ Instagram _____

Please complete and sign the Assumption of Risk and Release and the Photo Release on the other side.

ASSUMPTION OF RISK AND RELEASE

I, _____, certify I am 18 years of age or older and wish to participate in Washburn University Leadership Institute events, hereafter "Event."

Description of Event – student events held in conjunction with the Washburn University Leadership Institute, on or off Washburn University campus between July 1, 2016 and June 30, 2017.

I understand and agree there is a risk of injury associated with my participation in Event which cannot be eliminated regardless of the care taken to avoid injuries. Specific risks range from (1) minor injuries such as scratches, bruises and sprains; (2) major injuries such as eye injury or loss of sight, fractures, back injuries, heart attacks and concussions; and, (3) catastrophic injuries including paralysis and death.

I have read the previous paragraph and I know, understand and appreciate these and other risks inherent in Event.

In consideration of my participation in Event, I hereby freely and voluntarily

1. Accept all risks associated with my participation in Event; and,
2. Release and hold harmless Washburn University, its officers, agents, employees from and against any damage, loss, claim or injury arising out of or resulting from my participation in Event.

I have read this Assumption of Risk and Release, fully understand its terms and understand I am giving up substantial rights, including my right to sue. I hereby acknowledge I am signing this Assumption of Risk and Release voluntarily and intend this to be a complete and unconditional release of all liability to the greatest extent permitted by law.

PHOTO RELEASE

I, _____, being of lawful age, hereby freely and willingly give Washburn University of Topeka and its authorized agents and employees the absolute right and unrestricted permission to copyright, use and/or publish my photographic likeness in any form for the purpose of advertising, for endorsing or promoting such University in any print or electronic media.

I waive any right that I may have to inspect and approve the finished product or the copy that may be used in connection with the likeness or the use to which it may be applied. It is understood that my name may or may not be used in conjunction with the photographic likeness.

It is understood that no compensation has been paid and that no fee or compensation shall be due to me for my giving permission to such University for the use of my photographic likeness for the purpose stated above.

Student Signature

WIN

Date

University Relations
1700 SW College
Washburn University
Topeka, KS 66621
785-670-1154
www.washburn.edu