VEHICLE RESEARCH INSTITUTE (VRI)
ACKNOWLEDGEMENT OF RISK AND HOLD HARMLESS

Student Name ___________________________________________ Phone _________________________________

Emergency Contact Name ___________________________________________ Phone _________________________________

Acknowledgement of Risk and Hold Harmless (PLEASE READ CAREFULLY)

I hereby acknowledge that I have voluntarily chosen to participate in the Vehicle Research Institute Program (hereinafter called “VRI”) through the Department of Engineering Technology at Western Washington University.

I understand the risks involved in VRI. I acknowledge that participation in VRI can be a dangerous activity and that it may involve risk of injury. I agree to accept any and all risks associated with it including, but not limited to, minor bodily injury, severe bodily injury and death. I acknowledge that participation in VRI involves hazards related to lab and field work, experimental vehicle design, fabrication, testing and competition, and development of alternative fuels. Participation also includes other risks that are incidental to VRI including, but not limited to, all forms of transportation to or from the VRI activity locations, vehicle accidents, criminal acts, trip (or slip) and fall injuries, limited availability of immediate medical care, and the possible reckless and negligent conduct of other participants or of third-parties. I am voluntarily participating in VRI with the knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, bodily injury, or death.

I understand that I am responsible for researching and evaluating the risks that I may face and am responsible for my actions. Any endeavor that I may take part in, whether as a component of VRI or separate from it, will be considered to have been undertaken with my approval and understanding of any and all risks involved.

In consideration of my participation in VRI and to the extent permitted by law, I agree to indemnify, defend and hold harmless Western Washington University, its trustees, officers, directors, employees, agents, volunteers and assigns from and against all claims arising out of or resulting from my participation in VRI Program activity. “Claim” as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney’s fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting therefrom. In addition, I hereby voluntarily hold harmless Western Washington University, its trustees, officers, directors, employees, agents, volunteers and assigns from any and all claims, both present and future, that may be made by me, my family, estate, heirs or assigns.

I hereby expressly agree to indemnify, defend, and hold harmless Western Washington University, its trustees, officers, directors, employees, agents, volunteers and assigns for any claim arising out of my participation in VRI Program activity, except for claims arising out of the negligence or willful misconduct of Western Washington University, its trustees, officers, directors, employees, agents, volunteers and assigns.

I also understand that Western Washington University does not provide any medical, dental or life insurance to cover bodily injury, illness or death. I acknowledge that I am completely responsible for my own insurance or financial resources to cover these expenses.

I further understand that this acknowledgement of risk and hold harmless is intended to be as broad and inclusive as permitted by the laws of the State of Washington, or any other applicable laws, and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and understand this acknowledgement of risk and hold harmless.

__________________________________________
Signature of Student (Must be age 18 or older)  Date

Medical Emergency Treatment: I understand and acknowledge that a medical emergency may develop which necessitates the need for medical care, dental care, hospitalization or surgery. Therefore, in event of such emergency, I hereby authorize Western Washington University, its authorized employees, representatives, volunteers, agents or other VRI participants to arrange any necessary emergency medical treatment.

__________________________________________
Signature of Student (Must be age 18 or older)  Date