



Cleveland State University

CAMPUS SAFETY DEPARTMENT, CLEVELAND STATE UNIVERSITY POLICE ALERT, LOCKDOWN, INFORM, COUNTER, AND EVACUATE (A.L.I.C.E.) TRAINING PROGRAM ASSUMPTION OF THE RISK, RELEASE, AND WAIVER OF LIABILITY

As consideration for the opportunity to participate in A.L.I.C.E. Training provided by the Cleveland State University Police Department, I acknowledge that I have read the following and voluntarily agree to its terms and conditions:

- I am at least 18 years of age. ____ yes ____ no (**If no, see below****)
- I understand and agree that my participation in A.L.I.C.E. Training is strictly voluntary.
- I acknowledge that I have the physical ability, skills, and qualifications necessary for proper and safe participation in A.L.I.C.E. Training activities. I agree that if I have any question(s) as to what physical ability, skills or qualifications are necessary for me to participate in A.L.I.C.E. Training activities properly and safely, I will direct such question(s) to the Cleveland State University Police Officer assigned to conduct the training program.
- I understand that my participation in A.L.I.C.E. training activities may present certain risks of injury including but not limited to personal injury or death. Understanding the risk involved, I knowingly and voluntarily choose to take these risks in order to participate in A.L.I.C.E. training activities.
- I understand and agree that medical insurance is my responsibility. I acknowledge that Cleveland State University strongly recommends that I purchase health insurance to cover injury or illness which may result from my participation in A.L.I.C.E. Training activities. I understand that the State of Ohio, Cleveland State University, the Board of Trustees, the Department of Campus Safety, and the Cleveland State University Police Department do not provide insurance for any injury or illness which occurs as a result of my participation in A.L.I.C.E. Training activities.
- In case of emergency, accident, illness, or other incapacity which occurs while I am participating in A.L.I.C.E. Training activities, I give my permission to be treated by a medical professional and admitted to a hospital, if necessary. I understand and agree that I am responsible for all medical and emergency expenses incurred on my behalf regardless of whether I have authorized such expenses.
- I forever release the State of Ohio, Cleveland State University, the Board of Trustees, the Campus Safety Department, and the Cleveland State University Police Department, together with their agents, officers, and employees, from any and all claims, suits, or actions of any nature resulting from or arising out of my participation in A.L.I.C.E. Training activities. I understand that this ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY binds my heirs, executors, administrators, and assigns, as well as me.

****IF PARTICIPANT IS LESS THAN 18 YEARS OF AGE,
THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT MUST ALSO SIGN
BELOW.**

Participant's Name (Please Print) _____

Participant's Phone _____

Participant's Address _____

I have read and fully understand the entire ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY and my signature below confirms my full understanding and voluntary acceptance of such ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY.

Participant's Signature: _____

Date: _____

****I am the parent or legal guardian of the Participant named above; I have read and understand the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY (including such parts as may subject me to personal financial responsibility); I am and will be legally responsible for the obligations and acts of the Participant as described above: and I agree, for myself and for the participant, to be bound by these terms.**

Parent/Guardian's Name (Please Print) _____

Parent/Guardian's Address _____

Parent/Guardian's Signature _____

Date: _____