



SCHEDULE	
8:30	Registration
9:00	Opening Program
9:30	Depart for Service
10:00	Service Begins
12:00	Lunch Break
3:30	Clean Up
4:00	Service Ends

## Saturday, October 24, 2009

Make a Difference Day has grown nationally into the largest annual service day. Each year students, corporations, and community members of all ages come together to better their local neighborhoods. Spend the day with City Year and Cleveland State University for this year's Make a Difference Day!

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Cell/Local Phone \_\_\_\_\_ Email \_\_\_\_\_

Student Organization (if any) \_\_\_\_\_  
(for points toward awards)

Emergency Contact Information:

Name \_\_\_\_\_ Cell/Local Phone \_\_\_\_\_

Do you have any special needs or accommodations (i.e. vegetarian, allergies, etc.)?  YES  NO

If yes, please list your needs:

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For more info go to [www.csuohio.edu/studentlife/madd](http://www.csuohio.edu/studentlife/madd) or contact [service@csuohio.edu](mailto:service@csuohio.edu)



\*Please return this form and the **signed waiver** on back by October 19, 2009 to the Department of Student Life

MC106\*

**ASSUMPTION OF THE RISK, RELEASE, AND WAIVER OF LIABILITY**

As consideration for the opportunity to participate in Make a Difference Day and related activities, 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 that participation in Make a Difference Day and related activities is strictly voluntary.
- I have the physical ability to participate in these activities as well as traveling to and from these activities.
- I understand that these activities as well as traveling to and from these activities present risk of injury. I understand the risks involved and I knowingly and voluntarily choose to take these risks in order to participate in these activities as well as traveling to and from these activities.
- In case of emergency, accident, illness, or other incapacity occurring during these activities as well as traveling to and from these activities, I give my permission to be treated by a medical professional and admitted to a hospital if necessary. I agree that I am responsible for all medical and emergency expenses incurred on my behalf regardless of whether I have authorized such expenses.
- I understand that medical insurance is my responsibility. I acknowledge that Cleveland State University strongly recommends that I purchase health insurance to cover accidents that may occur during my participation in these activities as well as traveling to and from these activities. I understand that the State of Ohio, Cleveland State University, the Board of Trustees, and the Student Government Association do not provide insurance for any injuries which may occur during these activities or during the travel to and from these activities.
- I forever release the State of Ohio, Cleveland State University, the Board of Trustees, and the Student Government Association 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 Make a Difference Day and related activities. I understand that this 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' 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 my 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: \_\_\_\_\_