



Cleveland State University

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Department of Residence Life

RELEASE AND WAIVER OF LIABILITY – PERTAINING TO RETRIEVAL AND/OR REMOVAL OF PERSONAL BELONGINGS FROM RESIDENCE HALL

As consideration for the opportunity to reside in a residence hall on the campus of CLEVELAND STATE UNIVERSITY and in conjunction with my Residence Hall Contract with Euclid Avenue Housing Corporation on behalf of the University, 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 should I have to leave the current residence hall in which I reside due to personal, health, disciplinary or other reasons that would prevent me from removing my personal belongings/property from the residence hall, then I must name and authorize a person(s) to retrieve my belongings/property on my behalf.
- I further understand and agree that should the Office of Residence Life not be able to reach the person(s) identified as having my permission to retrieve my personal belongings/property on my behalf or if after two (2) weeks said person(s) fail to retrieve my personal belongings/property, that the Office of Residence Life will pack and store my personal property/belongings for a period of not more than thirty (30) days, while attempts are made to communicate with authorized person(s) on my behalf, after which time my belongings will be discarded and/or donated to a local shelter.
- *I forever release the State of Ohio, Cleveland State University, the Board of Trustees, the Department of Residence Life, Euclid Avenue Development Corporation and American Campus Communities, together with their agents, officers, and employees, from any and all claims, suits, or actions of any nature resulting from or arising out of the retrieval or removal of my personal belongings as set forth above. I understand that this Waiver of Liability binds my heirs, executors, administrators, and assigns, as well as me.*

Accordingly, I name the following person(s) as authorized to retrieve my personal belongings/property from the current room to which I have been assigned as a resident in one of the residence halls on Cleveland State University's campus:

Name: _____ Alternate's Name: _____

Address: _____ Alternate's Address: _____

Telephone: _____ Alternate's Telephone: _____

Cell Phone: _____ Alternate's Cell Phone: _____

Email: _____ Alternate's Email: _____

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

Student's Name (Please Print) _____ Student's Phone _____

Student's Permanent Address _____

Student's Room and Dormitory Assignment _____ Semester(s) _____

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

Student's Signature: _____ Date: _____

****I am the parent or legal guardian of the Student Resident named above; I have read and understand the foregoing RELEASE AND WAIVER OF LIABILITY; I am and will be legally responsible for the obligations and acts of the Student Resident in naming an authorized person for the purpose of retrieving the student's personal belongings/property as described above: and I agree, for myself and for the Student Resident, to be bound by these terms.**

Parent/Guardian's Name (Please Print) _____

Parent/Guardian's Address _____

Parent/Guardian's Signature _____ Date: _____