Centenary College of Louisiana

Awareness of Risk Agreement for the Academic Year

In signing this document, I, _____, acknowledge that **Centenary College of Louisiana** has advised me of the potential of risk(s) during my participation in _____ and that I acknowledge, recognize and assume the existence of the risks inherent in this program or activity. In consideration for my participation in this program or activity, I hereby release **Centenary College of Louisiana** from any and all claims, demands, damages, rights or actions or causes of actions present or future that are a result of the risks inherent in this program or activity and my actions.

While participating in any part of this program, including but not limited to coming from and going to the activity or program site, I will conduct myself in accordance with the rules and regulations of **Centenary College**. The specific rules regarding the activity or program in which I will participate and follow specific instructions given to me by persons placed in charge of such activities.

_____ _____ _____

Student's Signature | Student ID# | Date

_____ _____

Responsible Faculty/Staff Supervisor
Centenary College of Louisiana | Date

_____ _____

Destination | Contact Phone Number

_____ _____

Departure Date | Return Date

Last updated 27 July 2001