



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
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Responsible Faculty/Staff Supervisor Centenary College of Louisiana	Date
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Destination	Contact Phone Number
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Departure Date	Return Date
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