

BRYANT UNIVERSITY

LIABILITY WAIVER

**FOR
BRYANT STARTALK CHINESE LANGUAGE TEACHER PROGRAM**

I have applied to participate in the Bryant STARTALK Chinese Language Teacher Program (hereinafter referred to as “the Program”) from July 5 through 25, 2018.

I am in good health and good physical condition. I assume any risks associated with the Program and accept the consequences involved in my participation in this event except for the negligence on the part of Bryant’s employees, students and volunteers. I understand that if I am injured, I am responsible for my health care costs and I release Bryant University, its Board of Trustees, officers, agents, employees, volunteers, or students from any and all claims for injury (including death) or illness resulting from my participation in this event.

Emergency Contact Information:

Name of Contact Person: _____

Telephone/cell in case of emergency: _____

Insurance Information:

Name of Insurance Company _____

Policy # _____

NAME (Print) _____

SIGNATURE _____ **DATE** _____