



## FEDERAL WORK-STUDY PROGRAM WAIVER OF LIABILITY AND RELEASE

PLEASE READ THE FOLLOWING DOCUMENT CAREFULLY. IF YOU HAVE ANY QUESTIONS, PLEASE HAVE THEM ANSWERED **BEFORE** YOU SIGN THIS DOCUMENT.

The undersigned, in consideration of participation in the Federal Work-Study Program sponsored by SAMFORD UNIVERSITY, do hereby, for myself, my heirs, successors and assigns, release, waive and agree to hold harmless SAMFORD UNIVERSITY, its Financial Aid Office and its trustees, officers, employees, and agents ("Releasees"), or any of them, from and against any and all claims, damages, or causes of action of any type whatsoever, including personal injury or death or property damage, resulting from any source, including negligence, arising out of or in any way related to my participation in the Federal-Work Study Program.

I am aware that there are risks and dangers associated with my participation in the Federal Work-Study Program, including the risk of personal injury or death and property damage.

I acknowledge that my participation in the Federal Work-Study Program is voluntary, and that I assume full responsibility for any injuries or damages I may sustain as a result of my participation in the Program, including any that may occur while I am traveling to or from a location to which I may be assigned or that may occur while I am working as part of the Program. I further agree to indemnify and hold harmless Releasees for any loss, liability, damage or costs, including court costs and attorney's fees, that may occur as a result of my participation in the Federal Work Study Program.

I further acknowledge that the Financial Aid Office has recommended that I obtain health insurance to cover the costs of medical care and treatment in the event I am injured. I understand that I am solely responsible for any medical costs I may incur as a result of my participation in the Federal Work-Study Program.

By signing this Waiver of Liability and Release, I acknowledge that I have read this document. I represent and warrant that I fully understand it, I agree to its terms and conditions and sign it voluntarily.

This release shall be governed by the laws of the State of Alabama.

\_\_\_\_\_  
Student's Printed or Typed Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed or Typed Name  
(if student is under 19 years old)

\_\_\_\_\_  
Parent or Legal Guardian Signature  
(if student is under 19 years old)

\_\_\_\_\_  
Staff Member's Signature

\_\_\_\_\_  
Date